





**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 19 2012

Mr. John Augustine, Chairperson  
Allegheny Christian Ministries, Inc.  
Laurel View Village  
2000 Cambridge Drive  
Davidsville, Pennsylvania 15928

Dear Mr. Augustine:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 30, 2012 and August 31, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

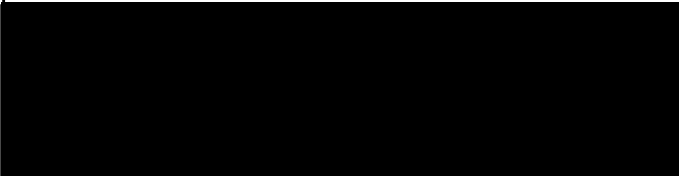
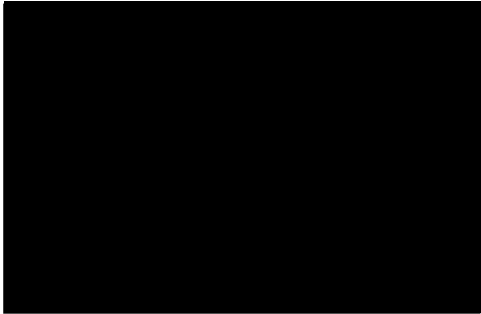
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LAUREL VIEW VILLAGE		License Number: 321350
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		County: Somerset
Administrator: Ginger Barnes		Region: WEST
Legal Entity Name: ALLEGHENY CHRISTIAN MINISTRIES INC		
Legal Entity Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 08/19/1999 L & I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/30/2012: Whitney, Diane; Phillips, Joseph 08/31/2012: Whitney, Diane		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 107 Number of Residents Served: 60 Secured Dementia Care Unit in Home: Yes Area: Reflections <i>Wing</i> Secured Dementia Unit Capacity, if Applicable: 15 		Number of Residents who: 

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 5-20-2012, at approximately 2:30 pm, resident #2 slapped another resident during an activity. The home did not report this incident of physical abuse to the local Area Agency on Aging.

Resident #1 has had numerous instances of sexually inappropriate behavior:

On 4-21-2011, at approximately 10:30am, resident #1 inappropriately kissed another resident and asked to walk that resident to their room.

On 5-26-2011, at approximately 7:00pm, resident #1 inappropriately hugged and kissed another resident.

On 8-18-2011, at approximately 5:00pm, resident #1 inappropriately kissed another resident.

On 1-29-2012, at approximately 2:00pm, resident #1 inappropriately hugged and whispered to another resident, visibly upsetting the other resident.

On 6-18-2012, at approximately 8:30am, resident #1 touched another resident's breast.

On 8-12-2012, at approximately 7:00pm, resident #1 put his/her hands under the sweater of another resident.

None of these incidents of sexual abuse were reported to the local Area Agency on Aging.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(See attached pg 2.)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Ginger M. Barnes, THH

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Ginger M. Barnes Administrator

Date

10-10-2012

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

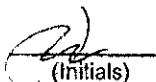
The above plan of correction is approved as of

10/31/12  
 (Date)

Plan of correction implementation status as of

10/31/12  
 (Date)

The above plan of correction was approved by

  
 (Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report 32135  
Laurel View Village

Pg2 - Reg. 2600.15(a)

The home will immediately report suspected abuse of a Resident served in the home in accordance with the Older Adults Protective Services Act and comply with the requirements regarding restrictions on staff persons.

Resident #1 resides in a secure dementia unit, with a diagnosis of frontal lobe dementia. is under the care of a psychiatrist. If any incidents of sexual abuse by Resident #1 or any Resident occur, they will be reported to the Area Agency on Aging.

Resident #2 resides in a secure dementia unit and is under the care of a psychiatrist. If any incident of abuse by Resident #2 or any Resident occurs, they will be reported to the Area Agency on Aging.

To prevent a similar violation, staff will be in-serviced during a staff meeting on October 17, 2012 about reporting any suspected abuse directly to the Administrator.

Resident #1 has an appointment with a psychologist on 10-11-12 concerning behaviors and further behavior management.

Resident #2 has had no other behaviors as described above.

It will be the responsibility of the Administrator to report all suspected abuse to the Area Agency on Aging within the required time frame.

Minger M. Barnes, NHA  
10-10-2012

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 5-20-2012, at approximately 2:30 pm, resident #2 slapped another resident during an activity. The home did not report this incident to the Department.

Resident #1 has had numerous instances of sexually inappropriate behavior:

On 4-21-2011, at approximately 10:30am, resident #1 inappropriately kissed another resident and asked to walk that resident to their room.

On 5-26-2011, at approximately 7:00pm, resident #1 inappropriately hugged and kissed another resident.

On 8-18-2011, at approximately 5:00pm, resident #1 inappropriately kissed another resident.

On 1-29-2012, at approximately 2:00pm, resident #1 inappropriately hugged and whispered to another resident, visibly upsetting the other resident.

On 6-18-2012, at approximately 8:30am, resident #1 touched another resident's breast.

On 8-12-2012, at approximately 7:00pm, resident #1 put his/her hands under the sweater of another resident.

None of these incidents of sexual abuse were reported to the Department.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(See attachment pg 3)


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, 77#A*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes Administrator* Date *10-10-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/3/12  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 10/3/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report 32135  
Laurel View Village

Pg3 - Reg. 2600.16(c)

The home will report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline with 24 hours in a manner designated by the Department.

Resident #1 resides in a secure dementia unit, with a diagnosis of frontal lobe dementia. [redacted] is under the care of a psychiatrist. If any incidents of sexual abuse by Resident #1 or any Resident occur, they will be reported to the Department.

Resident #2 resides in a secure dementia unit and is under the care of a psychiatrist. If any incident of abuse by Resident #2 or any Resident occurs, they will be reported to the Department.

To prevent a similar violation, staff will be in-serviced during a staff meeting on October 17, 2012 about reporting any suspected abuse directly to the Administrator.

Resident #1 has an appointment with a psychologist on 10-11-12 concerning [redacted] behaviors and further behavior management.

Resident #2 has had no other behaviors as described above.

It will be the responsibility of the Administrator to report all incidents of abuse to the Department.

Ginger M. Barnes, NHA  
10-10-2012

[Signature] 10/30/12

RECEIVED

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home's quality management reviews dated January 2011 - November 2011, January 2012, and February 2012 did not address reportable incident and condition reporting procedures and complaint procedures.

The home's quality management review dated March, 2012 did not address complaint procedures.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The home's quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting
- 2. Complaint procedures
- 3. Staff person training
- 4. Licensing violations and plans of correction, if applicable
- 5. Resident or family councils, or both, if applicable

The home's quality management reviews will include all of the required items as applicable for the review time period. This review will occur on a monthly basis at regularly scheduled staff meeting. The next review will be October 17, 2012.

It will be the responsibility of the Administrator / RN Manager to include the required items in the quality management reviews. This will begin October 17, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes Administrator* Date *10-10-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/31/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 10/31/12  
 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room #613, in the Reflection's secured dementia care unit, does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Each Resident will have the following in the bedroom. An operable lamp or other source of lighting that can be turned on bedside.  
Room #613 had a bedside lamp that did not turn off, and on consistently. On 8-31-12 the maintenance supervisor inspected the lamp and found that it had a bad light socket. The light socket and light bulb were replaced and lamp is now operable.\* All of the Residents' bedrooms were checked the week of Sept. 3, 2012 and all were found to have a source of light that can be turned on/off at bedside.  
\*(see attached pg 5)

A regular check of operable bedside lamps will be completed by staff, <sup>daily</sup> and QA'd for compliance, at least monthly. <sup>per 10/31/12</sup>  
It will be the responsibility of the Administrator/RN Manager to QA for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Ginger M. Barnes, MHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Ginger M. Barnes Administrator

Date

10-10-2012

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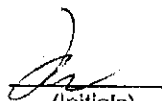
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10/31/12  
(Date)

Plan of correction implementation status as of

10/31/12  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 32135 - 08/30/2012 - Whitney, Diane

PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

On 8-31-2012, in the Reflections secure dementia care unit kitchenette, the refrigerator temperature was 50 degrees Fahrenheit.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

The refrigerator/freezer temperature log was reviewed for the month of September 2012. The refrigerator temps fluctuated, and even after cleaning of the coils, the temps fluctuated up or down a degree. The freezer maintained a 0°F or lower during this time. On October 9, 2012, the refrigerator was replaced with a new model.

The temperatures will continue to be monitored by dietary staff. If the temps are not maintained according to 2600.103(f) maintenance dept. will be contacted to inspect and repair/replace.

The Administrator will monitor for compliance and QA (See attachment pg 6)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Ginger M. Barnes, NHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Ginger M. Barnes, Administrator

Date

10-10-2012

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The above plan of correction is approved as of

10/31/12  
(Date)

Plan of correction implementation status as of

10/31/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

RECEIVED

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
On 8-31-2012, in the main kitchen's bread cabinet, 1 package of buns had a use by date of 8-23-2012, and 1 bag of wheat bread had a use by date of 8-24-2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Outdated or spoiled food or dented cans will not be used.

The outdated buns and bag of wheat bread were discarded on 08-30-12. All outdated food will be discarded and not used.

by 10-10-12

It will be the responsibility of the Director of Dining Services to monitor that outdated food is discarded and not used. A QA will be performed by the Administrator for compliance, at least monthly.

10/31/12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes, MHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes, Administrator*      Date *10-10-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/12  
(Date)

Plan of correction implementation status as of 10/31/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**2a. DESCRIPTION OF VIOLATION**

The home holds contracts with 2 different drinking water suppliers. The contract with Galliker's dated 6-8-2012, does not specify how soon the water will be delivered and that the home has priority delivery.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The home will maintain a least a 3-day supply of nonperishable food and drinking water for Residents.

A letter dated October 9, 2012, from Galliker's now specifies that water will be delivered within two hours of notification and that the home will have priority basis delivery.

The Dining Services Director is responsible to negotiate an agreement with water suppliers annually, and to provide accurate documentation according to 2600.107(c)

Administrator will monitor for compliance,

(See attachment pg.8)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, MHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, Administrator* Date *10-10-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/31/12</u> (Date)	Plan of correction implementation status as of <u>10/31/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms, and the assistance needed in an evacuation since 1-16-2007.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.*

*An updated letter was sent to the local fire department on August 31, 2012 with a site plan of the building lay out and location of all of the rooms.*

*An updated letter will be sent to the local fire department as significant changes occur.*

*The Administrator will be responsible for keeping the local fire department updated with a letter.*

*(See attached)  
 Attachment pg 9*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ginger M. Barnes, NHA</i>	Date <i>10-10-2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *10/31/12*  
 (Date)

Plan of correction implementation status as of *10/31/12*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
On 8-30-2012, the atrium mechanical room had a cloth recliner chair with a cardboard box on the seat approximately 1' from the furnace.  
On 8-30-2012, in the mechanical room across from room 523, a wooden folding table was approximately 1 1/2' from the furnace and hot water tank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Combustible and Flammable materials will not be located near heat sources or hot water heaters.  
The cloth recliner chair with a cardboard box on the seat was removed from the <sup>atrium</sup> mechanical room. Please note this is not a furnace. It is an air handler and it does not generate heat. This was completed on 8-31-12.  
The wooden folding table was removed from the mechanical room across from 523. This is not a furnace, but there is a hot water heater in this room. This was completed 8-31-12.  
All mechanical rooms were inspected by DES Director and all were found to be in compliance with 2600.125(e)  
All mechanical rooms will be inspected regularly and staff will be instructed not to use them as storage areas. It will be the responsibility of the DES Director to monitor, at least weekly. (see attachments pg 10)

Repeat Violation: No      Date(s) of Previous Violation(s):      10/31/12

Signature of Legal Entity Representative  
(Required on EVERY Page)      *Ginger M. Barnes, MHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      *Ginger M. Barnes, Administrator*      Date      10-10-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/12 (Date)  
The above plan of correction was approved by *[Signature]* (Initials)  
Plan of correction implementation status as of 10/31/12 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home does not have emergency procedures that indicate what procedures will be implemented if a smoke detector or fire alarm system becomes inoperable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Laurel View Village is equipped with auxiliary power in the event of a loss of normal electric service, which provides power to the smoke detectors and fire alarms. In the event the auxiliary power fails, a "fire watch" will be instituted until power has been restored. A "fire watch" means that staff will physically check each Resident room every 30 minutes to ensure all is safe. Battery operated smoke detectors may be used during this period of time along with the "fire watch." If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative. The DES Director is responsible for monitoring and implementing the procedure as well as updating as needed.  
(See attachment Pg 11)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes, MHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes, Administrator*      Date *10-10-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/12  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 10/31/12  
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

~~WITHDRAWN~~

The last fire safety inspection and drill observed by a fire safety expert was conducted on 8-30-2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A fire safety inspection and fire drill conducted by a fire safety expert will be completed annually. Documentation of this fire drill and safety inspection shall be kept.

The annual fire safety inspection and fire drill was conducted on August 29, 2012, documentation attached.

The annual fire safety inspection and fire drill will be held annually and will be the responsibility of the DES Director.

~~WITHDRAWN~~ *JW*  
*10/3/12*

(See Attachments pg 12 (1-4))

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes T.H.H.*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes Administrator*      Date *10-10-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

<b>Violation Report: 32135 - 08/30/2012 - Whitney, Diane</b> <b>PCH Name: LAUREL VIEW VILLAGE</b>	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	
<b>2a. DESCRIPTION OF VIOLATION</b> The fire drill log for January 30, 2012 at 10:51am indicated the census was 63 residents. During that drill, 48 evacuated and 14 went to a fire safe area for a total of 62 residents evacuated.  The fire drill log for February 29, 2012 at 10:00am indicated the census was 63 residents. During that drill, 14 residents evacuated and 47 went to a fire safe area for a total of 61 residents evacuated.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p><i>Residents will evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.</i></p> <p><i>The census for the fire drill logs for January 30, 2012 and February 29, 2012 were noted incorrectly by the DES Director, who did not account for Residents out of the building. Fire Drill log corrected 08-30-12.</i></p> <p><i>An updated-accurate census is maintained in the Personal Care Staff Office and the DES Director will check the census prior to each fire drill.</i></p> <p><i>The Administrator will monitor for compliance following each fire drill,</i></p> <p><i>(see attachment pg. 13)</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ginger M. Barnes, NHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ginger M. Barnes Administrator</i>	
Date <i>10-10-2012</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u><i>10/31/12</i></u> (Date)	Plan of correction implementation status as of <u><i>10/31/12</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 7-9-2012. An initial medical evaluation was not completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A Resident will have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days of admission.

Resident #3's initial medical evaluation was completed but misplaced following its receipt. New medical evaluation was completed on 10-8-12 to replace the initial DME.

All Residents will have a DME completed in accordance with 2600.141(a)(1). It will be the responsibility of the RN Manager or PC Coordinator to secure the DME.

It will be the responsibility of the Administrator to monitor and QA the receipt of the DME in the acceptable time frames.

(See attached)  
Attachment pg 14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ginger M. Barnes Administrator*      Date *10-10-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/12  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 10/31/12  
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane

PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

WITHDRAWN per 10/31/12

2a. DESCRIPTION OF VIOLATION

The label for resident #4's and resident #5's Dulcolax suppositories does not include the residents name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The original container for prescription medications shall be labeled with a pharmacy label that includes the the information according to 2600.184(a)

Dulcolax is an over the counter medication and should have had the Resident's name on it if it was placed in the med cart. <sup>for their use.</sup> It was not in the med cart because it was a PRN for both Residents and was located in the stock cupboard in the event the med was needed. If needed, it would have been placed in the med cart with the Resident's name on it.

The Dulcolax was discontinued, because the Residents #4 & #5 have not used it in over 90 days, on 10-8-12. (See Attachment 1/5)

The RN Manager and PC Coordinator will be responsible to ensure all medications are labeled in accordance to 2600.184(a) and monitored for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Ginger M. Barnes, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ginger M. Barnes Administrator Date 10-10-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of \_\_\_\_\_ (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Residents #3, #4, #6 & #7 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will educate the Resident the right to question or refuse a medication if the Resident believes there may be a medication error. Documentation of this Resident education will be kept.

10/8/12 These Residents will be educated concerning their right to question and refuse a medication in accordance to 2600.191. They will sign documentation which will be kept.

All Residents will be educated concerning their right to question and refuse a medication in accordance to 2600.191. Their signed documentation will be kept.

The RN Manager and PC Coordinator will be responsible for educating Residents, and ongoing the Resident Agreements will contain this information consistently.

The Administrator will monitor and QA for compliance for each new resident. <sup>per 10/31/12</sup>  
 This education will be completed by Oct. 31, 2012, for all current Residents without updated Resident Agreements.  
 (See attached Pg 16)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <b>(Required on EVERY Page)</b>	Ginger M. Barnes, NHA
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Printed Name and Title of Legal Entity Representative <b>(Required on EVERY Page)</b>	Date
Ginger M. Barnes, Administrator	10-10-2012

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/31/12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 10/31/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

**2a. DESCRIPTION OF VIOLATION**

The home's current written description of services and activities does not include admission criteria.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

10/10/12 - The home will have a current written description of services and activities that the home provides including those described above in accordance to 2600.23(a).

Laurel View Village's Admission/Discharge Policy was updated 08/31/12 to include admission criteria.

As admission criteria changes, this policy will be updated accordingly.

It will be the responsibility of the Administrator to keep the policy updated.

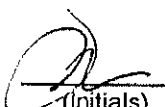
(See attached)  
 Attachment pg 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, MHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, Administrator* Date *10-10-2012*

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The above plan of correction is approved as of <u>10/31/12</u> (Date)	Plan of correction implementation status as of <u>10/31/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was referred for a psychiatric consultation on May 7, 2012, and receives psychiatric services monthly for sexual inappropriateness. This behavior is not addressed on the resident's assessment, dated 11-28-2011.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident will have additional assessments as follows:

- 1) Annually
- 2) If the condition of the Resident significantly changes prior to the annual assessment
- 3) At the request of the Department upon cause to believe that an update is required.

Resident #1's sexual inappropriateness was added to the Resident's assessment on 9-7-12.

Changes in Resident condition will be addressed on the Resident's assessment immediately.

The RN Manager + PC Coordinator will be responsible for documenting and address any significant changes on the Resident's assessment.

This will be monitored and QA'd by the Administrator, at least quarterly.

(See attachment)  
Resident #1

*J. Idsile*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes Administrator* Date *10-10-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/31/12  
 (Date)

Plan of correction implementation status as of 10/31/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
PCH Name: LAUREL VIEW VILLAGE

2012

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, completed on 11-28-2011, indicates the resident is mobile. The resident resides on the Reflections unit and requires verbal cueing to evacuate in emergencies.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident will be assessed for mobility needs as part of the Resident's assessment.

The Resident #1's assessment was corrected on 9-7-12 to indicate that he resides in a secure dementia unit and is immobile due to requiring verbal cueing to evacuate in emergencies.

All of the Resident Assessment on the Secure Dementia unit (Reflections) were reviewed and corrected as needed to indicate they are immobile because they require verbal cueing to evacuate in emergencies. This was completed on 9-7-12.

All assessments will be completed accurately and will be the responsibility of the RN Manager and PC Coordinator, and QA'd for compliance.

(See Attachment Resident #1)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Ginger M. Barnes, RHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Ginger M. Barnes Administrator

Date

10-10-2012

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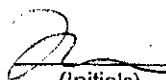
The above plan of correction is approved as of

10/3/12  
(Date)

Plan of correction implementation status as of 10/3/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

  
(Initials)

Violation Report: 32135 - 08/30/2012 - Whitney, Diane  
 PCH Name: LAUREL VIEW VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was referred for a psychiatric consultation in May 7, 2012, and receives psychiatric services monthly for sexual inappropriateness. This behavior is not addressed on the resident's support plan dated 11-30-2011.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*This home will document in the Resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the Resident, or referrals for the Resident to outside services if the Resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services*

*Resident #1's behavior is now documented on the support plan of 11-30-2011 as an update on Sept. 7 2012.*

*This and all Residents with with behaviors will be referred by their physician for behavior care services and all of this will be documented on their support plan.*

*The RN Manager and PC Coordinator will be responsible for the accurate information on the Support Plans.*

*The Administrator will be responsible to monitor and QA.  
 (See Attachment Resident #1)*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes 7744*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ginger M. Barnes Administrator* Date *10-10-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/31/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 10/31/12  
 (Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented