





**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 21 2012

Mr. George Knox, Owner  
Trinity Oaks, Inc.  
Trinity Oaks II  
117 Shady Rest Road  
Ellwood City, Pennsylvania 16117

Dear Mr. Knox:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 19, 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 "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 45857 - 09/19/2012 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

3

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 6/1/12. The home did not conducted a criminal history background check for staff person A until 9/19/12.

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.

Staff Person A was a former employee who had taken time off for maternity leave. She was off for 3 months and we rehired. Her former background checks are attached. Thought they were okay!

Have set new policy for all hires ~~new or old~~ that a new background check will be done before they return to work, no matter if they are gone 1 week or three months -

11-20-12 The administrator or designated staff person will review all staff records to ensure all staff persons have a criminal history background check completed within the required time frame. 11-1-12g

11-20-12 The administrator and any other staff involved with the hiring and retention of staff persons will complete the Older Adult Protective Services Act. on-line training. Documentation of training will be kept. 11-1-12g

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox Administrator*      Date *10/29/2012*

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

The above plan of correction is approved as of 11-1-12 (Date)

Plan of correction implementation status as of 11-1-12 (Date)

The above plan of correction was approved by *GK* (initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *11-1-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45857 - 09/19/2012 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 6/1/12. The home did not conducted a criminal history background check for staff person A until 9/19/12.

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.

11-19-12 A criminal history background check was completed for staff person A. 11-1-12

(~~George Knox~~)

Background checks will be automatically done on all new hires and returns as well as any staff returning to work after any extended leave of absence.

11-20-12 The Administrator or designated staff person will review all staff records to ensure all staff persons have a criminal history background check completed within the required time frame. 11-1-12

11-30-12 The Administrator and any other staff involved with the hiring and retention of staff persons will complete the Older Adult Protective Services Act. on-line training. Documentation of training will be kept 11-1-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox Administrator*      Date *10/29/2012*

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The above plan of correction was approved by <u>G</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>11-1-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45857 - 09/19/2012 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on 6/1/81 did not receive annual training on resident rights and the Older Adult Protective Services Act. during the 11/1/10 to 10/31/11 training year.

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.

Staff record of training misplaces in folder.  
Now Attached. 11-29-12

Have advised administrative staff to make sure  
all trainings are up to date and in correct folders -

- 11-20-12 The Administrator or designated staff person will review the 2012 staff training plan and staff training records to ensure all staff persons completed the required training for the 11-1-11 to 10-31-12 training year. 11-1-12
- 11-20-12 The Administrator will review the 2013 staff training plan to ensure all required staff training is included in the training plan. 11-1-12
- 11-20-12 The Administrator will review all staff training as part of the quality management review to ensure all staff persons complete the required annual training within the training year. 11-1-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox Administrator*      Date *10/29/2012*

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *11-1-12*
- Not Implemented

REC

Violation Report: 45857 - 09/19/2012 - Pfaff, Vicki

PCH Name: TRINITY OAKS II

**1. REGULATION 55 Pa.Code §2600**

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

**2a. DESCRIPTION OF VIOLATION**

The most recent sleeping hour fire drill was conducted on 2/12/12.

Western Fire Dept.  
Adult Residential Home

**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.

Fire drill on 2/12/12 was held at 7:30 AM. Should have been held at 6:30 AM. In the future will make sure fire drills are held before 7 AM or after 9 PM, as per regulations.

Will hold November drill at appropriate time to get records in order with regulation.

11-20-12 The administrator will monitor the fire drill record monthly to ensure a fire drill is conducted at least every six months. 11-1-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*George Knox*

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

George Knox

Date 10/29/2012

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(Date)

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(Date)

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(Initials)

Violation Report: 45857 - 09/19/2012 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

3

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's support plan, dated 12/15/11, does not include the care and services the home will provide for the resident's incontinence identified in the resident's assessment dated 12/14/11.

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.

RASP has been updated and corrected to include instructions to deal with residents incontinence. Will in the future make some updates & changes and make throughout residents file.

11-20-12 The Administrator or designated staff person will review all resident support plans for accuracy and completion including the care and services that will be provided to each resident based on the resident's needs. 11-1-12g

11-20-12 All staff persons involved in the development of resident support plans will be educated on the proper completion of support plans including the required contents of support plans. Documentation of education will be kept. 11-1-12g

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