

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HENDORN INC LEGAL ENTITY

To operate COLE MANOR NAME OF FACILITY OR AGENCY

Located at 101 MAPLE STREET, COUDERSPORT, PA 16915 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 8, 2012 until December 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242630

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 28 2012

Ms. Vida Glover, Administrator
Hendorn, Inc.
Cole Manor
101 Maple Street
Coudersport, Pennsylvania 16915

Dear Ms. Glover:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 28, 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: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 9/28/12 at 10:30am Department Representatives observed the Medication Administration Records for the residents residing in the facility left unlocked and unattended. The Medication Administration Records were located on top of the medication carts inside the main dining room. The Medication Administration Records contain confidential health and medical information for each resident.

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 notified immediately of the need to keep medication administration records to be kept in the top drawer of the locked medication cart at all times when not in use. Also marked the top of each medication cart to add a extra reminder to staff. Director will check daily to ensure staff is not leaving medication administration records on top of medication cart.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA GLOVER DIRECTOR* Date *11-06-12*

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

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

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

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

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

Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted on August 1, 2012 as a respite resident, did not have a resident-home contract 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.

Contract signed and dated 9-28-12, Administrator will make sure all new respite consumers sign a resident admission agreement upon first day of respite stay.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOWER DIRECTOR</i>	Date <i>11-06-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home's Quality Management Plan indicates that quarterly meetings will be held to review the reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction and resident or family councils. Administrator A stated that the home is not conducting Quarterly Management Meetings quarterly as specified in the home's policy.

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.

Director has made a monthly tracking sheet to record monthly areas to establish and implement an ongoing quality management plan. By tracking monthly and keep record will have information in one place to review quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER DIRECTOR</i>	Date <i>11-06-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff person B has only 9 of the required 12 hours of required annual training relating to the staff person's direct care job duties for the 2011 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 person B [redacted] had completed the 12 hours of annual training, Administrator did not have medication training available for inspectors on the day of inspection due to recall of mass at home. Will make sure all records remain at Cole Manor.

** The administrator will monitor for ongoing compliance.*

12/12/12

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

Signature of Legal Entity Representative (Required on EVERY Page): *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *VIDA GLOVER DIRECTOR* Date: *11-06-12*

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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 9/28/12 at 10:45am Department Representatives observed a one gallon container of Bleach with a manufacturers label indicating " If ingested do not induce vomiting, call a physician or poison control center immediately for treatment advice." The Bleach was observed unlocked and accessible on a shelf within the laundry room of the facility. Residents of the facility are not assessed to safely use or avoid poisonous materials.

The 2nd bathroom on the first floor closest to the front door, has a bottle of Dermasil in the cupboard, with a manufacture's label indicating "if swallowed get medical help of contact a poison control center", was unlocked and accessible to residents within the home. All of the Residents of the home have not been assessed capable of recognizing and using poisons safely.

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 notified immediately of the need to keep laundry room door locked at all times to ensure safety of all residents to use or avoid poisonous materials. Door marked also to remind staff to lock door. Director will check to make sure door is being locked.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA GLOVER DIRECTOR* Date *11-06-12*

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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy

PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the 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.

The homes emergency preparedness procedures has been hung on the first floor main hall bulletin board where all will be able to see.

** The administrator will monitor and assure ongoing compliance.*

*Mm
12/12/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Vida Blower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA BLOWER DIRECTOR* Date *11-06-12*

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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

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

Department Representatives determined through an interview with Administrator A that the home's sleeping hours are 11:00pm to 7:00am. Department Representatives determined by reviewing the home's fire drill logs that the home's most recent fire drill conducted during sleeping hours was on 6/27/12 at 5:10am. The previous fire drill conducted during sleeping hours was held on 8/31/11 at 4:36am, which was more than six months prior to the sleeping hours drill conducted on 6/27/12.

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.

I have marked the yearly fire drill record to ensure not more than 6 months pass between night time drills. The director will have this reminder to see that the drill time is to meet this time frame.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blouner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOUNER DIRECTOR</i>	Date <i>11-16-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy

PCH Name: COLE MANOR

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 #1 was admitted on August 1, 2012. A medical evaluation has not been completed for the resident.
- Resident #4 was admitted on June 12, 2012. A medical evaluation has not been completed for the resident.

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.

Copy of completed Medical evaluations enclosed.

The administrator will monitor and assure that all residents will have a current medical evaluation completed within 60 days prior to admission or within 30 days after admission.

The administrator will monitor for ongoing compliance.

Mr
12/12/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>VIDA GLOVER DIRECTOR</i>	<i>11-6-12</i>

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- Not Implemented

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

Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's last medical evaluation was completed on August 8, 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.

Medical evaluation completed and enclosed. Director has gone thru 2013 and on each month marked ahead of time to ensure residents are scheduled with their PCP in due time to complete evaluations on time.

** The administrator will monitor for ongoing compliance.*

[Signature]
12/12/12

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Vida Blover*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *VIDA BLOVER DIRECTOR* Date *11-06-12*

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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.171(b)(2) - If staff persons or volunteers of the home provide transportation for the residents, the driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

2a. DESCRIPTION OF VIOLATION

On September 28, 2012, Staff members C, D, E, and F did not have current driver's licenses available for the Department to inspect. Staff members C, D, E, and F are on the list of acceptable drivers for the automobile belonging to the facility for transportation of the residents.

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.

All Cole Manor staff have updated current copies of their drivers license and were asked as they get their new license to update copy on file at that time.

** The administrator will monitor all staff records and assure ongoing compliance.*

per 12/12/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER DIRECTOR</i>	Date <i>11-06-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Administrator A was unable to provide documentation that direct care staff persons G, H, and I completed the medication administration annual practicum which is required to administer medications. Staff persons G, H, and I all administer medications on a regular basis to residents of the facility without having been properly trained to do so. Department Representatives gave the Administrator the opportunity to provide the medication training documentation, however the Administrator was unable to do so.

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.

Due to administrator reviewing MARS at home I did not have the documentation of training at Cole Manor on the day of inspection. All records will remain at Cole Manor and administrator will complete review at Cole Manor from this day on.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2011	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *VIDA GLOVER* *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER DIRECTOR</i>	Date <i>11-06-12</i>
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 (Initials)

Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #'s 3, 4, and 5 are prescribed Lantus Insulin. Department Representatives observed the insulin containers prescribed for each resident. The Lantus Insulin containers were all observed opened, however they were not labeled with the date the insulin was opened. The medication's manufacturer's instructions state "discard any unused medication 28 days after opening the container."

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.

All staff have been reminded to date all insulin bottles when opened with the start date, also have label on the outside of the locked insulin box as a reminder.

The administrator will monitor medications on a monthly basis and assure that all medications have a current prescription.

(mm 12/12/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER, DIRECTOR</i>	Date <i>11-06-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 6 is prescribed Triamcinolone 0.1% cream. Apply to affected areas twice daily as needed for Eczema. The home does not have this medication available to the resident as specified in the physician's orders.

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 had not been needing to use the PRR the date on the cream had expired, Administrator did get an order to dispense cream, this should have been done prior to the expiration date.

The administrator will monitor and assure ongoing compliance.

*MW
 12/12/12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOVER DIRECTOR</i>	Date <i>11-06-12</i>
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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 - There is no preadmission screening form for Resident #1, admitted on August 1, 2012.
 - There is no preadmission screening form for Resident #4, admitted on June 12, 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.

*Preadmission screening forms attached
 Administrator will take more time to keep files
 in order with all paperwork.*

* The administrator will AUDIT all resident records and assure that all resident records have a current pre-admission screening form. The audit will be completed by 12/28/12. The administrator will retain proof of the Audit and be made available upon the request of the department. *nm 12/12/12*

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/01/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Blower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA BLOWER DIRECTOR* Date *11-06-12*

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Violation Report: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

- The home has not completed an initial assessment for Resident #1, admitted on August 1, 2012.
- The home has not completed an initial assessment for Resident #4, admitted on June 12, 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.

Assessments completed, Administrator will take more time to ensure all files are kept in order.

** The administrator will Audit all resident records and assure that all resident records have a current initial assessment form.*

The Audit will be completed by 12/28/12.

The administrator will retain proof of the Audit and be made available upon the request of the Department. mu 12/12/12

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/01/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Blower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA BLOWER, DIRECTOR* Date *11-06-12*

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

The above plan of correction is approved as of 12/12/12 (Date) Plan of correction implementation status as of 12/12/12 (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: 24263 - 09/28/2012 - Yellenic, Cindy

PCH Name: COLE MANOR

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

- The most recent assessment for Resident #2 was completed on August 9, 2011.
- The most recent assessment for Resident #6 was completed on August 18, 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.

Assessments completed,

* The administrator will Audit all resident records and assure that all resident records have a current (annual) assessment form completed (if necessary)

The Audit will be completed by 12/28/12.

The administrator will retain proof of the Audit and be made available upon the request of the Department. mu
12/12/12

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

Signature of Legal Entity Representative (Required on EVERY Page) Vida Glover

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) VIDA GLOVER DIRECTOR Date 11-06-12

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

The above plan of correction is approved as of 12/12/12 (Date) Plan of correction implementation status as of 12/12/12 (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: 24263 - 09/28/2012 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

- Resident #1 was admitted to the home on August 1, 2012. The home has not developed a support plan for the resident.
- Resident #4 was admitted to the home on June 12, 2012. The home has not developed a support plan for the resident.

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.

Support Plan completed

The administrator will Audit all resident records and assure that all resident records have a current support plan developed.

The Audit will be completed by 12/28/12. The administrator will retain proof of the Audit and be made available upon the request of the Department.

[Signature]
12/12/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Vida Blover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOVER, DIRECTOR</i>	Date <i>11-06-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/12/12</u> (Date)	Plan of correction implementation status as of <u>12/12/12</u> (Date)
-----------------------------------------------------------------------	-----------------------------------------------------------------------

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

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