

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION
LEGAL ENTITY

To operate EMERITUS AT LATROBE
NAME OF FACILITY OR AGENCY

Located at 500 BROWERS DRIVE, LATROBE, PA 15650
(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 150
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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 February 5, 2013 until February 5, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428530

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.



FEB 0 5 2013

Ms. Melanie Werdel, EVP of Administration
Emeritus Corporation
Attn: Amber Geehan
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

RE: Emeritus at Latrobe
500 Browers Drive
Latrobe, Pennsylvania 15650

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 2012 and October 17, 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". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

12/20/12

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 8/28/2012, resident #2 fell, was taken to the hospital and suffered fractures to the 3rd, 4th and possibly 5th metacarpals. The home did not submit an incident report 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.

2600.16(c)

An incident report will be submitted for Resident #2.

Charge nurse, Resident Care Director or Executive Director will review events as they occur to confirm if they need to be reported. An in-service will be conducted by the Resident Care Director and Executive Director with the charge nurses to review the incident reporting process. This training will also be reviewed during orientation, annually and as needed.

On a monthly basis an audit of 10% of the incident reports will be reviewed by the Executive Director and Resident Care Director to ensure we are reporting to the Bureau of Human Services Licensing as necessary.

See attachment A, B, and C.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nancy Woodward Executive Director		12/20/12

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

The above plan of correction is approved as of 1/4/13
(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 1/4/13
(Date)

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

RECEIVED

10/16/2012

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 10/16/12, the telephone in the hallway of the secured dementia care unit did not have any emergency service numbers posted on or by the phone.

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.

2600.91

The emergency telephone numbers were posted on the MCN phone on October 16, 2012. An audit conducted on October 16, 2012, was done on all telephones in the community to ensure the emergency numbers were posted on the phone or near the phone.

An audit of residents telephones will be conducted on a weekly basis by the housekeepers and an audit of other phones in the community will be conducted monthly by a designated department manager.

See Attachment D and E.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nancy Woodward
Executive Director Date 10/20/12

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(Date)

Plan of correction implementation status as of 1/4/13
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
 PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf, ^{Western Field Office} ~~or a shelf~~ ^{sign}

2a. DESCRIPTION OF VIOLATION
 Resident #8 did not have a bedside table or shelf that was accessible.
 (Observed 10/17/12)

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.

2600.101(j)(5)

Resident #8 was given a bedside table on 10/16/12. [REDACTED]
 [REDACTED] was present at time of correction. A survey of all resident rooms was conducted on October 16, 2012, and all rooms had a bedside table accessible for all residents.

An audit will be conducted in all resident rooms weekly by the housekeepers to ensure all residents have a bedside table accessible to them.

See Attachment D & E.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Nancy Woodward</i> <i>Nancy Woodward</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Nancy Woodward Executive Director
		Date 12/20/12

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

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There were 2 unlabeled and undated containers of food for resident #7 in the country kitchen refrigerator.

(Observed 10/16/12)

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.

2600.103(e)

Unlabeled food that was identified with resident's name but not dated was disposed of on October 16, 2012. [redacted] was present.

A sign was on the door of the refrigerator during the survey. The sign on the door has been replaced with one that is more noticeable.

The Resident Handbook will be updated to include this information.

The housekeepers will monitor the contents in the refrigerator for name and date on a bi-weekly basis.

See Attachments D, E & F.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Woodward*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Woodward Executive Director Date 12/20/12

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The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 1/4/13 (Date)

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

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
 PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2800
 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

On 10/17/12, there were 97 residents residing in the home, requiring 291 gallons of emergency drinking water. However, the home only had 19 gallons of emergency drinking water on site and the contractual agreement, dated 2/9/12, with Aqua Filter Fresh, Inc./Tyler Mt. Water does not include the amount of water that will be delivered or that the water will be delivered as a priority, even in the event of a regional general emergency.

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.

2600.107(c)

Letter dated October 22, 2012 states that in an emergency Tyler Mountain will be able to provide 1 gallon of water per day for X # of residents. The letter also states that the water will be delivered within 4 hours.

The Executive Director will contact Tyler Mountain on an annual basis to ensure they will be able to provide our water needs in case of an emergency

See Attachment G.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Nancy Woodward
 Executive Director Date 12/20/12

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 (Date)

The above plan of correction was approved by MS
 (Initials)

Plan of correction implementation status as of 1/4/13
 (Date)

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

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
 PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #3's Novolog insulin was opened 9/17/12. The manufacturer's instructions indicate the Novolog should be discarded 28 days after opening. However, the insulin was still in the medication room and resident #3 received 4 units of Novolog at 4:00 pm on 10/16/12.

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.

2600.183(f)

Resident #3's outdated Novolog insulin was discarded on October 17, 2012. There was another unopened vial of Novolog available for Resident #3.

To ensure this violation does not reoccur, communication boards have been placed on refrigerator doors in Medication Storage Rooms with resident's name, insulin open date, and discard date.

An in-service regarding insulin and other medications with manufacturer's instructions for discarding dates was held with nurses and medication technicians on October 18, 2012. This training will also be given at orientation, annually and as needed.

Resident Care Director will audit insulin vials for expiration dates on a weekly basis.

See Attachments H.

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Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nancy Woodward Executive Director		12/30/12

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RECEIVED

DEC 2 2012

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 refused to take Fosamax, at 6:00 am on 9/4/12, which is prescribed 1 tablet one time per week on Tuesdays; however, there was no notification to the prescriber.

Resident #8 refused to take Metformin, Lithium, Metoprolol, Namenda, Aricept and Diovan at 9:00 pm on 8/11/12; however, there was no notification to the prescriber.

Resident #8 refused to take Metformin, Lithium, Metoprolol, Namenda, Vitamin B12, Lexapro and Wellbutrin at 9:00 am on 8/24/12; however, there was no notification to the prescriber.

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.

2600.187(c)

Resident #5 and #8 physicians were notified via fax of refusal of medications and documentation was also made in resident records.

An in-service on the importance to notify the physician if a resident refuses their medications was conducted on October 19, 2012, with the Memory Care Program Director, nurses and medication technicians. This training will also be provided at orientation, annually and as needed.

All medication technicians have been informed that at the end of their shift they need to report to the charge nurse if any resident refused medication.

An audit of 10% of the MARs will be conducted on a monthly basis by the Resident Care Director to ensure physicians are notified if any medications have been refused by a resident.

See Attachment I.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Nancy Woodward</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Nancy Woodward Executive Director	Date 12/2/12

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Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
 PCH Name: EMERITUS AT LATROBE

DEC 9 2 2012

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
 Resident #4's preadmission screening form, dated 8/28/12, does not include a determination that the home can meet the resident's service needs.

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.

2600.224(a)

Resident #4's preadmission screen has been updated to indicate we can meet the resident's service needs.

All future preadmission screens will be reviewed by the Resident Care Director prior to admission to ensure screen is completed correctly.

A review of all preadmission screens will be conducted by the Executive Director and Resident Care Director by January 15 to ensure accuracy.

See Attachment J.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nancy Woodward Executive Director		12/20/12

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DEC 22 2012

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

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 #6's medical evaluation, dated 12/8/11, includes the diagnosis of depression; however, the assessment, dated 12/9/11, indicates the resident has no problem with depression.

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.

2600.225(c)

Resident #6's assessment has been updated to include the diagnosis of depression.

In the future, the Resident Care Director will review all DME's and medication list prior to updating and completing assessments to ensure accuracy.

An audit of all assessments will be completed by the Resident Care Director by January 31 to ensure accuracy.

See Attachment K.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Nancy Woodward</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Nancy Woodward Executive Director	
		Date 12/20/12	

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The above plan of correction was approved by <u>ms</u> (Initials)	

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

DEC 22 2012

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident #6's medical evaluation, dated 12/8/11, includes a diagnosis of depression; however, the resident's support plan, dated 12/9/11, does not indicate the services the home will provide to assist the resident in regards to this diagnosis.

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.

2600.227(d)

Resident #6's support plan has been updated to include the diagnosis of depression.

In the future, the Resident Care Director will review all DME's and medication list prior to updating and completing the support plan to ensure accuracy.

An audit of all support plans will be conducted by the Resident Care Director by January 31, 2013, to ensure accuracy.

See Attachment L.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Woodward*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Woodward Executive Director Date 12/20/12

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RECEIVED

DEC 22 2012

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism at the interior door of the secured dementia care unit was not conspicuously posted near the door.

(Observed 10/16/12)

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.

2600.233(c)

The directions for operating the home's locking mechanism at the interior door for the secured dementia care unit was conspicuously posted near the door on October 16, 2012.

The Executive Director will monitor this on a weekly basis to ensure the number is posted.

See Attachment M.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nancy Woodward

Nancy Woodward

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

Nancy Woodward
Executive Director

Date

12/20/12

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

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1/4/13
(Date)

Plan of correction implementation status as of

1/4/13
(Date)

Fully Implemented MS

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MS
(Initials)

Violation Report: 42853 - 10/16/2012 - Gearhard, Nancy
PCH Name: EMERITUS AT LATROBE

DFC-2-2-2012

1. REGULATION 65 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Western Field Office

2a. DESCRIPTION OF VIOLATION

On 10/16/12 at 9:50 am, resident #1's October 2012 medication administration record (MAR), was unlocked and accessible on top of the unattended medication cart in the hallway of "Wimmer Way".

On 10/17/12 at 1:50 pm, resident #9's October 2012 MAR, was unlocked and accessible on top of the unattended medication cart in the hallway of "Abbey Vincent".

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.

2600.254(c)

An in-service was conducted on October 18, 2012, with nurses and medication administration technicians to inform them of the importance of the resident's record remain secured to protect the privacy of the residents' confidential information.

The Executive Director and Resident Care Director will conduct random checks on a bi-weekly basis to ensure the residents' record is secured properly to maintain confidentiality.

See Attachment N.

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

Nancy Woodward
Nancy Woodward

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Executive Director Date 10/20/12

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