

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DS REALTY VENTURES LLC
LEGAL ENTITY

To operate EASY LIVING COUNTRY ESTATES
NAME OF FACILITY OR AGENCY

Located at ONE EASY LIVING DRIVE, HUNKER, PA 15639
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 25, 2012 until December 25, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442630

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

JAN 23 2013

Ms. Susan Weinstein, Executive Director
DS Realty Ventures, LLC
Easy Living Country Estates
One Easy Living Drive
Hunker, Pennsylvania 15639

Dear Ms. Weinstein:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 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: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

1. REGULATION 55 Pa. Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.
Western Field Office
Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 9/26/12, at approximately 9:15 am, the agent of the Department requested access to resident #1's record. Staff person A, the administrator did not provide resident #1's complete record until requested again at 4:00 pm.

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.
On 9-24-12 at 8:30 AM, Staff Person A (Administrator) began the investigation & documentation of Resident #1's complaint. Copies of a portion of resident #1's record were made for the administrator's office file for use in preparing reports for the local Area Agency on Aging & DPW offices. The original pages were returned to resident #1's record. Upon request at 4PM on 9-26-12, Staff person A (Administrator) pulled all resident #1's office records and found an original page remained with the copies in resident #1's office file. The original page was copied and given to the Agents of the Department & the original page returned to resident #1's record.
PLAN:
1. The Administrator or a designee will provide, upon request, immediate access to the home, the residents and complete records to Agents of the Department of Public Welfare
2. The administrator, designee or any staff person who removes any portion of an ELCE's resident record to copy or review, will check and verify that all original pages are immediately returned to that resident's record.
3. Easy Living Country Estates' Policy and Procedure for Addressing Resident Records was revised to include as part of the procedure, a confirmation that any resident's record is complete when returned to the chart rack (located in the locked staff station on each floor of ELCE). Please see addendum #1. (A)
4. Easy Living Country Estates' staff are being individually inserviced on the revised resident records policy. The enclosed record of training signifies the employees who have completed the update on the policy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-5-12*

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

The above plan of correction is approved as of *12/5/12* (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of *12/5/12* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

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 9/23/12, resident #1 reported an allegation of abuse to staff person B. The home did not report the allegation to the local Area Agency on Aging until 9/26/12.

Staff person B reported by phone to staff person A (Administrator) at 7:30 AM, Monday 9-24-12, that Resident #1 was upset about staff person C being "mean" to on Saturday night (9-22-12, 11-7 shift) and that Staff Person C didn't answer call bell for twenty minutes. Upon staff person A arriving at ELCE, 8:30 AM 9-24-12, investigation and documentation of the incident was begun. Resident #1's and POA was informed of resident's complaint at 8:45 AM. Resident #1 visited staff person A's office at 9:20 AM immediately following breakfast and discussed concerns about "Saturday night". Resident #1 spoke of the incident as staff person C having been disrespectful and "hurried" when answered call pendant & provided incontinence care. Resident #1 was calm & reassured staff person A (Administrator) that had no ill effects from "Saturday night and that". Resident #1 thanked staff person A for listening to her concerns and was pleased to hear ELCE had decided staff person C would not be returning to work at ELCE. Resident #1 was observed later at lunch pleasantly socializing and watching a new resident admitted that morning.

Staff person A was unable to contact staff person C by phone on Monday, 9-24-12 but did speak with Tuesday and terminated her employment at ELCE. Staff person C did not work after 9-22-12 and had no further contact with Resident #1 or any other resident at ELCE. Resident #1's visited ELCE on 9-25-12 & given verbal update and told staff person A that and resident #1's were satisfied with the resolution of the incident. Staff person A followed protocol for the investigation of a complaint of abuse, but reporting to Westmoreland County Area Agency on Aging was not immediate. Wednesday, 9-26-12 @9:15 AM, DPW agents arrived at ELCE on a complaint survey centered on the incident with Resident #1 & staff person C on Saturday night, 9-22-12. Staff person A (Administrator) filed a verbal complaint of possible/suspected resident verbal abuse with agent at Westmoreland County AAA Protective Services Division. The Act-13 Mandatory Abuse Report was faxed to AAA 9-26-12. A Westmoreland County AAA Case Manager visited ELCE also on 9-26-12. The same AAA Case Manager faxed a list of requested information to staff person A on 9-27-12; information was hand-delivered to the Westmoreland County AAA office, Main Street, Greensburg, PA on 9-28-12.

Plan: By 11/15/12 - The administrator, at least monthly, will review incident reports and talk to staff persons to ensure all potential abuse allegations are reported.

1. Easy Living Country Estates (Administrator or designee) will immediately report any incident of suspected resident abuse of any type (listed in ELCE Abuse Policy) to Westmoreland County AAA, Protective Services Division and promptly file the Act-13 Mandatory Abuse Report in accordance with OAPSA (35 P.S. Sections 10225.701-10225.707) and the PA Code (Sections 15.21-15.27)
2. Staff training for all ELCE staff was conducted on 10-26-12 at ELCE by [redacted] Educator (Please see addendum B) on Reportable Incidents; recognition, prevention & reporting of abuse/neglect; review of ELCE policies on abuse & resident dignity and confidentiality (Please see addendums C,D,E,F,G).

Repeat violation: no Date(s) of previous violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lillock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lillock, PCHA* Date *12-5-12*

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Plan of correction implementation status as of *12/24/12* (Date)

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

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

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
 PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

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
 Resident #1 requires physical assistance with continence care due to a casted right wrist fracture. On 9/22/12, resident #1 was administered a laxative. During the 11:00 pm - 7:00 am shift, resident #1 repeatedly rang the call bell to be assisted to the bathroom. After approximately 20 minutes, staff person A entered the resident's room and yelled, "I'm the only one here. There are 30 others here. I can only do so much." After staff person A changed and assisted the resident with toileting, the staff person pushed resident roughly into bed. Resident #1 reported crying due to the behavior and treatment by staff person A. The home did not report the incident to the Department until 9/26/12.

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.

The incident with Resident #1 and staff person C described in detail on page 3 of this violation report was reported to the Western Regional Licensing Office of the Pennsylvania Department of Public Welfare on 9-26-12 by staff person A (Administrator). The incident was not reported within the required DPW 24 hour window.

Plan:

- ELCE (Administrator or designee) will report all reportable incidents (as listed in chapter 2600.16a and 2600.15-abuse, OAPSA & PA Code) following all the rules and guidelines found in 2600.15a-d and 2600.16a-f.
- A plan of supervision or suspension for a staff person involved in any allegation of resident abuse at ELCE will be immediately developed, implemented, and submitted to the Western Regional Licensing Office of DPW. The resident and resident's designated person will also be notified immediately of a report of suspected abuse of neglect involving the resident.

(Please refer to addendums E,F,G - ELCE Policies on Abuse, Reportable Incidents & Resident Dignity and Confidentiality)

- Staff training for all ELCE employees (including administrator & resident care coordinator) was conducted on 10-26-12 by [redacted] and included a review of ELCE policies on abuse, reportable incidents & dignity and confidentiality. These policies follow the rules and guidelines of Chapter 2600.15 and 2600.16.
- ELCE Policy and Procedures Manual is always available in the second floor station for review by any staff member as needed or desired.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cornie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cornie D. Lilliock, PCHA* Date *12-5-12*

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

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

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
 PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires physical assistance with continence care due to a casted right wrist fracture. On 9/22/12, resident #1 was administered a laxative. During the 11:00 pm – 7:00 am shift, resident #1 repeatedly rang the call bell to be assisted to the bathroom. After approximately 20 minutes, staff person A entered the resident's room and yelled, "I'm the only one here. There are 30 others here. I can only do so much." After staff person A changed and assisted the resident with toileting, the staff person pushed resident roughly into bed. Resident #1 reported crying due to the behavior and treatment by staff person A. Resident #1 stated he/she cried because of hurt feelings and felt like he/she was being treated like an "animal".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 On 9-22-12, 48 residents were in house at ELCE during the 11-7 shift and three resident assistants (aides) were on duty the entire shift. The pendant call system was functional and passes resident call alarms to other beepers if the first assistant beeped is unable to answer the alarm.

ELCE follows the AAA and DPW's zero tolerance policy regarding the violation of any resident right and expects staff members to respond to any resident with 100% respect and dignity at all times regardless of a resident's needs, behaviors or comments. Consequently, even though staff person C denied all allegations, termination of the employee is always ELCE's response (in favor of the resident's veracity and rights).

All new staff members at ELCE read facility's policies on abuse, dignity & confidentiality and resident rights on the date of hire. Staff person C read, reviewed, dated & initialed those policies on 7-17-2012. Please see addendum H.

Staff person C was terminated by phone (by staff person A, Administrator) on 9-25-12 (during the first phone contact made following the 9-22-12 incident and staff person B's report to staff person A on 9-24-12). Staff person C was not scheduled to work 9-23-12 or 9-24-12. Staff person C never returned to ELCE after her scheduled shift (11-7) on 9-22-12 and therefore had no further contact with Resident #1 or any other resident at ELCE.

Plan:

1. Continue documented review of ELCE policies on abuse, resident rights and dignity & confidentiality with all new staff members.
2. ELCE Policy and Procedures Manual is always available in the second floor station for review of any policy by any staff member as needed or desired.
3. Staff training conducted 10-26-12 included review of resident rights and procedures for reporting any violation of a resident right.
4. Monitor and maintain proper functioning of ELCE pendant call system. Monitor and encourage resident compliance to wear and use pendants or wrist alarms.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-5-12*

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

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

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The side door of the dumpster located outside of the building was open.

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 side door of ELCE's trash dumpster located outside the building was closed on 10-16-12.

Plan:

1. Individual staff training conducted on the need to maintain dumpster doors and lid closed at all times for sanitation and resident safety. (Please see addendum I - Record of staff training).
2. Kitchen staff/cook to monitor trash dumpster visually from kitchen window for compliance of dumpster doors and lid being closed at all times. Kitchen or housekeeping staff to immediately close any door or lid detected open on the dumpster and report the incident to the ELCE Administrator or designee. Staff training will be repeated for any employee negligent in compliance.

By 11/13/12 - The administration or designee will monitor the outside of the home at least weekly to ensure the dumpster lid is closed.

J
12/2/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-5-12*

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

The above plan of correction is approved as of 12/2/12 (Date)

Plan of correction implementation status as of 12/2/12 (Date)

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

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

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
 PCH Name: EASY LIVING COUNTRY ESTATES

Aug 8 2012

1. REGULATION 55 Pa. Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The bathroom on the second floor of the south end, does not have an operable window or ventilation fan.

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 inoperable ventilation fan located in the bathroom at the south end of second floor was replaced on 10-17-12 by the ELCE maintenance person.

Plan:

1. Housekeepers work daily at ELCE and have been instructed to monitor all bathroom ventilation fans during routine cleaning for proper functioning. Any needed repairs are to be logged in the first floor maintenance book.
2. Any inoperable bathroom ventilation fans will be repaired or replaced immediately.
3. All ELCE staff members to continue listing any needed facility repairs of any type in the maintenance book/log located on the counter across from the first floor employee time clock.

By 1/15/13 - The administration or a designee will monitor the physical side of the home at least monthly to ensure items, including bathroom fans, are in working order.

[Signature]

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-5-12*

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- Not Implemented

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

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.

2a. DESCRIPTION OF VIOLATION

The Personal Care Home hotline number next to the phone in resident #1's bedroom has not been updated.

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.

Updated PCH complaint hotline/emergency phone numbers are posted throughout the building (ELCE) and in each resident room next to any phone with an outside line. The outdated phone list found in Resident #1's room was removed and discarded. An updated phone list with the PCH complaint hotline/emergency numbers was found in Resident #1's nightstand drawer and placed beside telephone.

Plan:

1. Every phone with an outside line within ELCE has an updated version of the PCH complaint hotline/emergency numbers located near or beside each phone (ELCE building audited & no other outdated postings of PCH complaint hotline/emergency numbers were found.
2. If and when any changes are made in the PCH complaint hotline/emergency numbers listing, all old postings will be discarded and replaced with listings of the new number(s).

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilloock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilloock, PCHA* Date *12-5-12*

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The above plan of correction is approved as of 12/4/12 (Date)

Plan of correction implementation status as of 12/4/12 (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: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The exit door by room #317 is obstructed by carpet, preventing it from closing.

Both of the second floor stair tower doors do not close, with the door nearest room #231 not latching.

(Observed 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.

The rubber sweep on the bottom of the exit door by room #317 was adjusted on 10-17-12 by maintenance to allow the door to close without catching on the stairwell carpeting. The sweep prevents smoke from entering the stairwell in the event of a fire emergency at ELCE.

The rubber sweeps on the bottom of both second floor stair tower doors were also adjusted on 10-17-12 by maintenance to allow the doors to close without catching on the stairwell carpeting.

The latch mechanism on the stair tower door located nearest room #231 was repaired by maintenance on 10-17-12 and is functioning properly.

Plan:

- 1. All stairwell and exit doors will be monitored by maintenance during routine visits, ^{AT LEAST MONTHLY} for continued proper functioning.
- 2. All stairwell/exit doors will be monitored for proper functioning with each monthly fire drill at ELCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Connie D. Lilloek, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Connie D. Lilloek, PCHA* Date *12-5-12*

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RECEIVED

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

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.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 10/16/12, the home had 47 residents, but keeps only 20 gallons of water on site "most of the time", according to staff person A, the administrator. The letter from Turner Dairy, dated 1/4/11, indicates that the company can deliver 100 gallons of water but requires a 12 hour notice and has limitations in the case of a catastrophic event.

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.

Easy Living Country Estates (ELCE) will maintain at minimum a three day supply of water for residents on site (Example-if resident census is 50 at ELCE, then 150 gallons will be available at all times-1 gallon per day per resident for three days). Balance of gallons of water required on site at ELCE ordered from County Market and to be delivered Monday, 12-10-12.

Plan:

1. Water will be rotated and ordered to avoid passing the expiration date.
2. Available gallons of water and expiration dates will be monitored by ELCE administrator and dietary in conjunction with maintenance of a 3-day supply of nonperishable food.
3. Current water contract letter with Turner Dairy remains in force until 1-4-2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lilliock, PCHA* Date *12-5-12*

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Plan of correction implementation status as of 12/24/12 (Date)

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

Violation Report: 44263 - 09/26/2012 - Orme, Melinda
 PCH Name: EASY LIVING COUNTRY ESTATES

DEC 8 2012

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 During the fire drill on 6/13/12, 4 staff persons participated in the drill. According to the home's staffing records, the average number of staff persons on duty at this time of day is 3.

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 biannual hours of sleep fire drill held at ELCE on 6-13-12 at 5:30AM included the participation of 4 staff persons rather than 3 as usually scheduled on the 11-7 shift at ELCE. ELCE's resident care coordinator often works an early shift starting at 5-5:30 AM to monitor 11-7 staff and resident quality of care. On 6-13-12, the resident care coordinator was in the building when the fire alarm sounded, unknown if it was a drill or real fire emergency, the RCC actively participated in the drill with the 3 regularly scheduled staff members on the 11-7 shift.

Plan:

- All monthly fire drills will be conducted on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.
- When the ELCE resident care coordinator is in the building during any shift fire drill, the RCC will observe the proficiency of other employees participating in the drill rather than actively evacuating residents (if she is counted as an extra staff person on that shift).

By 1/31/13 The home will conduct a Fire Drill with minimum number of staff (3), participating.

de
12/5/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Connie D. Lillock, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Connie D. Lillock, RCHA* Date *12-5-12*

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

The above plan of correction is approved as of <u>12/4/12</u> (Date)	Plan of correction implementation status as of <u>12/4/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented