

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WENDY JO PEACE LEGAL ENTITY

To operate PEACE'S PERSONAL CARE HOME NAME OF FACILITY OR AGENCY

Located at 429 UNION STREET, P.O. BOX 536, BIG RUN, PA 15715 (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 11 (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 14, 2012 until December 14, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 406550

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

DEC 28 2012

Ms. Wendy Jo Peace, Owner/Administrator
Peace's Personal Care Home
429 Union Street, P.O. Box 536
Big Run, Pennsylvania 15715

Dear Ms. Peace:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 1, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PEACE S PERSONAL CARE HOME		License Number: 406550
Address: 429 UNION STREET P O BOX 536, BIG RUN, PA 15715		County: Jefferson
Administrator: Wendy Peace	RECEIVED	Region: WEST
Legal Entity Name: WENDY JO PEACE		DEC 3 2012
Legal Entity Address: P.O. BOX 536, BIG RUN, PA 15715		
Certificate(s) of Occupancy I-1 01/11/2012 Bureau Veritas North Americ		Western Field Office Adult Residential Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2012: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 11 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

RECEIVED

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.

DEC 3 2012

2a. DESCRIPTION OF VIOLATION

Posted on the wall in the first floor hallway by the kitchen is a shower schedule listing all the residents' shower schedule.

Posted on the bulletin board in the first floor hallway across from the kitchen is a weekly schedule listing dates, times and names of residents who attend partial, work and rehabilitation programming.

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 11-07-12
We removed the shower schedule and daily residents schedules from public area it is now posted in the office. W.P.

By 12/16/12: The administrator will educate all staff on privacy requirements.

W.P.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace Director/Administrator* Date *11-29-12*

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

The above plan of correction is approved as of 12/16/12 (Date) Plan of correction implementation status as of 12/16/12 (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: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

RECEIVED

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

2a. DESCRIPTION OF VIOLATION
Direct care staff person A received only 6 hours of annual training in training year 2011.

Western Field Office
Adult Protective Services Licensing

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 worked for me in 2011 on an as needed basis and also worked for Fayette Resources did 6 hrs of training for me and also had multiple trainings with Fayette that I thought would count towards her 12 hrs of training attached is copies of 2011 and 2012 trainings with Fayette Resources.

By 12/31/12 the administrator will ensure that all staff have at least 12 hours of training related to their job duties and that the record of training, to include name of training, names of trainer, location of training and number of hours of training are kept in staff record.

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Jo Peace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Jo Peace owner/administrator Date 11-29-12

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

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

Plan of correction implementation status as of 12/1/12 (Date)

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

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb

PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

An opened ant trap was on the shelf in the food pantry, approximately 5" from stored food items.

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.

Ant trap was removed from the food pantry shelf staff were all informed that Ant traps are not to be placed anywhere near food items.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Wendy J Peace

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

Wendy J Peace owner/administrator

Date

11-29-12

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

The above plan of correction is approved as of

12/1/12 (Date)

Plan of correction implementation status as of

12/1/12 (Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail. Handrail Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The handrail next to the 4 steps inside the front entrance is not well-secured.

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.

Handrail was secured on day of inspection 11-01-12
Staff was also informed to check those on a
regular basis and secure them or contact someone
immediately to fix them.

WP

By 12/4/12 the administrator will examine the
physical site of the home at least monthly to ensure
all items are in good repair, including handrails.

[Signature]

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Jo Peace owner/administrator* Date *11-29-12*

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

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

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

Plan of correction implementation status as of 12/4/12
(Date)

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
 PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Western Field Office
 Adult Residential Licensing

WPHD & WJW

2a. DESCRIPTION OF VIOLATION
 The bed on the left side of the room in bedroom #6 does not have a working source of light that can be turned on/off from bedside.

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

12/11/12

On day of inspection light bulb was replaced 11-01-12 it worked that morning so must have blown at time of inspection but it was changed, replaced staff is also aware that when light bulbs blow the need replaced immediately.

WP

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy Jo Peace Administrative/owner* Date *11-29-12*

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

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600

2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The bedroom window in bedroom #5 does not have shades, blinds or shutters that provide privacy.

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.

In bedroom #5 it is on 2nd floor the resident chose to have the heavy curtains taken down for the summer and that is why they were not up but day of inspection 11-01-12 the heavier curtains were put back up to provide more privacy.
WP.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wanda J. Peace

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

Wanda J. Peace owner/administrator

Date

11-29-12

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

The above plan of correction is approved as of 12/6/12
(Date)

Plan of correction implementation status as of 12/6/12
(Date)

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

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar in the shower in the first floor bathroom.

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.

Grab bar for tub was taken off by residents because they do not use it, residents were informed that it is a DPW requirement and it to be left on the tub for safety reasons. It was installed back to tub on day of inspection

11-01-12
WP

By 12/3/12 - The administrator will walk through the physical site of the home at least monthly to ensure all items, including grab bars, are in the home.

By 11/3/12 - The administrator will explore alternative locations and/or type of grab bars for feasibility in replacing the current type with one that the residents prefer and cannot remove.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Jo Peace

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

Wendy Jo Peace owner/administrator

Date

11-29-12

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

The above plan of correction is approved as of 12/6/12 (Date)

Plan of correction implementation status as of 12/6/12 (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: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There were no paper towels, a mechanical air blower hand dryer or any means to dry hands in the upstairs bathroom.

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.

11-01-12
Paper towels were empty staff replaced them at time of inspection. Staff was informed to check them regularly and residents were also informed when they notice they are empty to let staff know so they can refill them.
WP

By 12/3/12 - The administrators will monitor the physical site of the home, including bathrooms, at least weekly to ensure all items such as towels supplied.

[Handwritten signature]

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Jo Deace*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Jo Deace owner/administrator* Date *11-29-12*

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

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

Plan of correction implementation status as of 12/1/12
(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: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
There are no thermometers in the refrigerator in the kitchen or in the upright freezer in the lower level entry.

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.

11-01-12

Not sure where the thermometers went
The temperatures for a refrigerators and
freezers and done every month during the
first week they were there the month
of October. New thermometers were purchased
day of inspection and put in kitchen refrigerator
and upright freezer Staff was informed to
let me know immediatley if they break or
are not working so that they can be
replaeced right away.

By 12/3/12 - The administration will monitor the physical
state of the home at least monthly to ensure all items,
including thermometers, are present and functioning.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Jo Deace

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Jo Deace owner/administrator Date 11-29-12

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

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
(Initials)

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

The local'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.

11-1-12
I was told by local EMA director a few years back that the local emergency procedures were not public knowledge and was not to be posted due to (9-11 incident) that is why I did not have it posted but day of inspection I posted it in Dining room area on Bulletin Board.

WP
By 12/12 - The administration will monitor the physical site of the home at least monthly to ensure all required items are present, including the municipality's and the homes emergency procedures.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy A. Deace

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

Wendy A. Deace owner/administrator

Date

11-29-12

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

The above plan of correction is approved as of

12/1/12
(Date)

Plan of correction implementation status as of

12/1/12
(Date)

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

The above plan of correction was approved by

(Initials)

DEC 3 2012

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram on the first floor does not show a line of travel to exit doors.

The emergency evacuation diagram on the second floor does not show the location of the fire extinguisher.

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.

11/01/12
Emergency Evacuation Plans were fixed in 2011 inspection and was approved now in 2012 I was told to add line of travel to exit doors and location of Fire Extinguisher on 2nd floor diagram. All was corrected day of inspection.

WP

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/29/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Deace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Deace owner/administrator* Date *11-29-12*

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

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

Plan of correction implementation status as of 12/11/12 (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: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
The medication administration record for resident #1 does not include the medication Desonide Cream 0.05%, which was filled on 10/18/12.

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.

11/01/12
The medication was discontinued and was not removed from the med cart. Staff was informed anytime a medication is disp'd it needs to be removed and sent back to pharmacy.

By 12/31/12 - The administrator or designated ^{WP} staff person will audit the medication cart at least monthly to ensure only current medications are present and that all needed medications are available.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/29/2011 J 12/1/12

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Jo Deace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Jo Deace administrator/owner Date 11-29-12

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

The above plan of correction is approved as of 12/1/12 (Date)
The above plan of correction was approved by (Initials)
Plan of correction implementation status as of 12/1/12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 2012

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Western Field Office

2a. DESCRIPTION OF VIOLATION

According to the medication administration record, on 10/31/12, at 8:00 p.m., staff person A, who has not successfully completed an annual practicum for the Department-approved medications administration course, administered medications to residents of 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.

Staff Person A had worked for me in 2011 on an as needed basis somehow her annual Practicum got missed so I gave her another Medication Administration.

By 12/31/12 - The administrator will develop a tracking system for all staff training to insure all required training, including medication administration practicum observations, are completed timely.

Jp/ub

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Deace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Deace owner/administrator Date 11-29-12

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

The above plan of correction is approved as of 12/16/12 (Date)

Plan of correction implementation status as of 12/16/12 (Date)

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

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

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
 PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

DEC 3 2012

- (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.

Western Pied Office
 Adult Behavioral Licensing

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 9/13/12, does not indicate that the resident's home health care services began on 10/4/12, the resident's need for skin care monitoring, or if the resident is able to safely avoid the outdoor furnace.

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.

11/01/12

Was added to Assessment on day of inspection
 from now on I will pay closer attention to make sure
 that anyone using home health services that they will
 be on assessments with their purpose of seeing them
 Also will add to future assessments that residents
 are to avoid outdoor furnace and whether or
 not they are capable of being around it
 without fear of hurting or harming themselves.
 WP.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Wendy Jo Deace

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

Wendy Jo Deace owner/administrator

Date

11/29/12

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

The above plan of correction is approved as of

12/1/12
 (Date)

Plan of correction implementation status as of

12/1/12
 (Date)

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

The above plan of correction was approved by

J.
 (Initials)

Violation Report: 40655 - 11/01/2012 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

DEC 3 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.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, dated 9/13/12, does not address the resident's receiving of home health care services, started 10/4/12, skin care monitoring and the ability to be safe around the unsecured outside coal furnace.

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.

11-01-12
was added to support Plan on day of inspection
from now on I will pay closer attention to
make sure that anyone using home health services
that they will be on Support Plans with their purpose
of seeing them Also will add to future Support
Plans that residents are to avoid outdoor furnace
and whether or not they are capable of being
around it without fear of hurting or harming
themselves.
WP

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Peace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Peace owner/administrator Date 11-29-12

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

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

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

Plan of correction implementation status as of 12/1/12 (Date)

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