

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHARON AHEARN

LEGAL ENTITY

To operate ADULT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 44 BROAD STREET, PITTSTON, PA 18640

(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 8
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 February 8, 2013 until February 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 243860

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



FEB 0 8 2013

Ms. Sharon Ahearn, Administrator
Adult Personal Care Home
44 Broad Street
Pittston, Pennsylvania 18640

Dear Ms. Ahearn:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 8, 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.

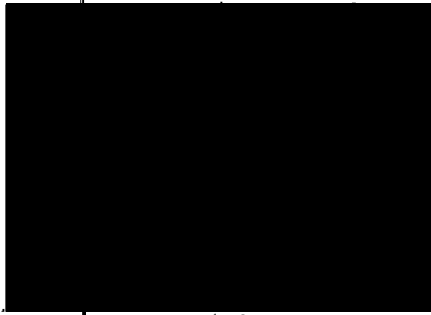
Sincerely,

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**

PGH Name: ADULT PERSONAL CARE HOME		License Number: 243860
Address: 44 BROAD STREET, PITTSTON, PA 18640		County: Luzerne
Administrator: SHARON AHEARN		Region: NORTH
Legal Entity Name: SHARON AHEARN		
Legal Entity Address: 44 BROAD STREET, PITTSTON, PA 18640		
Certificate(s) of Occupancy SP 09/30/1980 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 8	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2012: Dumas, Gerald		
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: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald	
1. REGULATION 55 Pa.Code §2600 2600.42(c) - A resident shall be treated with dignity and respect.	
2. DESCRIPTION OF VIOLATION Resident # 1's Assessment Support Plan - R.A.S.P. Part IV "Summary and Determination" contained inappropriate language to describe the residents behavior: "Resident is up all hours in this stage and does not have the compassion to be quiet in the room while the other resident tries to sleep. This affects the whole household in a negative way. Not sure how much longer everyone here is willing to put up with [redacted]"	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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. SEE ATTACHED	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahern</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahern - Administrator</i>	Date <i>12-20-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-15-13</u> (Date)	Signature of Legal Entity Representative <u><i>Sharon Ahern</i></u> (Date) <u>1-15-13</u>
The above plan of correction was approved by <u><i>SA</i></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: 24386 - 11/08/2012 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

Two (1) gallon cans of gasoline, a 12 oz. can of wrench lubricant and a 12 oz. can of CRC lubricant were stored in the home's unlocked shed. All three items contained poisonous warning labels which indicated "fatal if swallowed." Residents of the home have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sharon Ahearn

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sharon Ahearn - Administrator

Date

12-20-12

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(Date)

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1-15-13
(Date)

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SA
(Initials)

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

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2. DESCRIPTION OF VIOLATION

The 2nd floor hallway light was switched in the off position. There is no natural source of light in this stairway and the light needs to remain on at all times for the residents' safety. The hallway leads down a staircase which is considered a fire escape through a resident's room to the outside.

There is no exterior lighting available from the 2nd floor fire escape to the outside and from the 1st floor rear door leading away from the building.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

SEE ATTACHED

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn - Administrator

Date

12-20-12

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(Initials)

Violation report 24386 11/08/2012 Dumas, Gerald

Regulation 55 Pa. Code 2600.42(c)

It is important for all residents to be treated with dignity and respect. It is understood that this includes written statements as well.

This regulation was violated because of a description of behavior statement in the record causing the violation.

This violation has been fixed immediately by understanding that written statements can be viewed as disrespectful if read by the resident or family of the resident.

As administration, I will prevent this violation in the future by making sure all statements will be written facts and nothing will be noted or indicated based on opinion or feelings of the staff or administrator.

Sharon Ahearn

Sharon Ahearn / Administrator 12/20/12

1-15-13

Regulation 55 Pa. Code 2600.829(c)

All Poisonous materials shall be kept locked and inaccessible to residents unless all residents living in the home are able to safely use or avoid poisonous materials.

This regulation was violated due to interpretation of the regulation about being able to safely avoid the poisonous material. The shed was unlocked and residents understand that they are not allowed in the shed, however we did not assess their capability of recognizing and using poisons safely.

This violation has been fixed immediately.

As Administrator, I will prevent this violation from occurring in the future by requiring that the shed be locked at all times and I will display a note on the door indicating "Staff Admittance only".

Sharon Ahearn / Administrator 12/20/12

1-15-13

Regulation 55 Pa. Code 2600.87

I completely understand for resident safety the requirement and need to have rooms, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes to be lit and marked to ensure that all residents can safe movement through the home and during an evacuation.

The 2nd floor hallway light was switched in the "off" position. It was immediately fixed by switching it on and a note placed above the light to keep on at all times.

The exterior lighting on the 2nd floor fire escape as well as the rear door leading away from the building on the 1st floor was not there. As administrator, I will be responsible for fixing this violation by scheduling lighting installation in the above mentioned areas of violation. This will be fixed by December

1-15-13

1.

2.

3.

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2. DESCRIPTION OF VIOLATION On 11/8/12 at 1:00 p.m., 5 plastic storage containers blocked a 1st floor landing where a set of steps lead from the 2nd floor through a residents room and out of the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.	
SEE ATTACHED Admin will perform weekly walk through of the home to insure that all egress routes from the building are clear of obstructions. JJ 1-15-13	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn</i>	Date <i>12-20-12</i>
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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald

1. REGULATION 55 Pa. Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2. DESCRIPTION OF VIOLATION

On 11/8/12 at 2:00 p.m., dry leaves were found scattered in the homes designated exterior smoking area to the rear of the home. The leaves posed a fire safety hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn Administrator

Date

12-20-12

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1-15-13 (Date)

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[Signature] (Initials)

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald	
1. REGULATION 55 Pa.Code §2600 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	
2. DESCRIPTION OF VIOLATION A updated medical evaluation was not completed for Resident # 1 at the time when the home's Administrator updated the same resident's assessment and support plan on 8/21/12 - noting a change in condition. Assessment indicated a "change in ambulation and needs assistance and regular supervision."	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.	
<p>SEE ATTACHED</p> <p>Changes in a residents condition will be reflected in updated or new medical evaluations. The home will maintain current medical evaluations that reflect the residents condition.</p> <p>OP 1-15-13</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
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(Date)	(Date)
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(Initials)	

28th 2012 by installation of Motion Censored lighting so any movement at those area will provide lighting so residents can safely exit.

Sharon Ahearn 12/20/12

4

Regulation 55 Pa. Code 2600.121(a)

I completely understand the violation and requirement of having all stairways, hallways, doorways, passageways and egress routes from rooms and the building to be unlocked and unobstructed.

On 11/8/2012 at 1:00pm, There were 5 plastic storage containers blocking a 1st floor landing where steps lead from the 2nd floor through a residents room and out of the home.

Immediate remediation occurred by moving the plastic containers so this route can be unobstructed.

As administrator I will make sure this regulation is followed by not allowing anything to obstruct routes for residents.

1-15-13

Sharon Ahearn Administrator 12/24/12

5

Regulation 55 Pa. Code 2600.125(a)

I completely understand the regulation that combustible and flammable materials may not be located near heat sources or hot water heaters.

On 11/8/2012 at 2:00 pm dry leaves were found scattered outside in the homes rear space designated as a smoking area posing a potential fire safety hazard.

This was fixed immediately by staff cleaning up the leave in that area.

As administrator, I will ensure that leaves are raked and contained when needed to comply with the regulation and provide a safe smoking area for residents.

Adm or designee will check smoking area daily for hazards.

Sharon Ahearn 12/20/12 1-15-13

6

Regulation 55 Pa. Code 2600.141(b)(2)

I understand the importance to the regulation of "A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation." This ensures that all proper medical attention can be provided to the resident for health and safety reasons.

On 8/21/12 it was noted that Resident # 1 had a change in ambulation and needs assistance and regular supervision".

At the time of evaluation I did not indicate an appointment for resident # 1 for ambulation evaluation.

As Administration I will make sure that appointments for all residents will be noted next to the "assessments and support" sections of their records when needed. This will comply with the regulation and support the plans and actions of the staff and administrator of this home.

This updated information must be reflected on the medical evaluation.

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald

1. REGULATION 55 Pa. Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2. DESCRIPTION OF VIOLATION

On 11/8/2012 at 1:30 p.m. the homes 2009 Chrysler Van used to transport residents did not have a first aid kit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn-Administrator

Date 12-20-12

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1-15-13 (Date)

Signature of Legal Entity Representative

1-15-13 (Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

6 Regulation 55 Pa. Code 2600.141(b)(2)

I understand the importance to the regulation of "A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation." This ensures that all proper medical attention can be provided to the resident for health and safety reasons.

On 8/21/12 it was noted that Resident # 1 had a change in ambulation and needs assistance and regular supervision".

At the time of evaluation I did not indicate an appointment for resident # 1 for ambulation evaluation.

As Administration will make sure that appointments for all residents will be noted next to the "assessments and support" sections of their records when needed. This will comply with the regulation and support the plans and actions of the staff and administrator of this home.

This violation was immediately fixed by scheduling and completing an appointment for Resident 1 on 11/09/2012 with the resident's primary care giver for ambulation, mental health and, medication assessments as well as any therapy or medication needed as a result of the assessments.

*Primary care
11-9-12*

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

7 Regulation 55 Pa. Code 2600.171(b)(5)

As administrator I completely understand the requirement of having a first aid kit in all transportation vehicles used to transport residents.

The violations stated that on 11/8/2012 at 1:30 pm the homes 2009 Chrysler Van used to transport residents did not have a first aid kit.

As administrator I immediately rectified the violation by placing a first aid kit in the vehicle mentioned in the violation. I purchased an additional first aid kit to be used as a "loaner kit" to any other vehicle used to transport a resident. The "loaner kit" shall be requested to be returned and if it is not a new "loaner kit" will be immediately purchased as replacement. This will prevent future violations related to the violation referred to under Code 2600.171(b)(5).

1-15-13

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600
2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2. DESCRIPTION OF VIOLATION
The home did not have a discontinue order from Resident # 2's physician for the following medications:
-Lisinopril 10 mg. tablet take 1 tablet orally daily. Discontinued on the residents Medication Administration Record on 10/19/12.
-Furosemide 40 mg. tablet orally daily discontinued 10/19/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.
SEE ATTACHED

Admin was designed used
Audit the medication cart at least on
a monthly basis to insure only
current medications are present.
SP 1-15-13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon Ahearn-Administrator* Date *12-20-12*

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The above plan of correction is approved as of 1-15-13 (Date) Signature of Legal Entity Representative 1-15-13 (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: 24386 - 11/08/2012 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

Interviews with the home's administrator and residents indicated that the 8 a.m. prescribed medication administrations typically occur after 9:00 a.m. Medication administration needs to occur within 60 minutes of 8 a.m. prescribed time.

The following residents receive 8 a.m. medications:
Resident # 1, Resident # 2, Resident # 3, Resident # 4, Resident # 5, Resident # 6, Resident # 7, Resident # 8.

Staff person B did not sign and initial the medication administration logs from July 2012 through November 2012. Staff are required to sign the back of each M.A.R. or have a separate page to indicate those staff who are trained in medication administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn-Administrator

Date 12-20-12

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1-15-13 (Date)

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- Not Implemented

The above plan of correction was approved by

(Initials)

8 Regulation 55 Pa. Code 2600.186(a)

As administrator I completely understand the regulation of keeping all prescription orders current in the residents file including physician's documentation on discontinuation of medication orders.

It was described that Resident #2's physician's orders to discontinue the following medications were not included in the file:

- Lisinopril 10 mg tablet Take 1 tab orally daily (discontinue date 10/19/2012)
- Furosemide 40 mg tablet orally daily (discontinue date 10/19/2012)

As administrator I will ensure that this is followed by filing all physicians' orders related to medications including discontinuation in the residents file.

This was immediately rectified by requesting the physician to send the home the discontinuation orders on the above mentioned medications. The orders have been filed in Residents # 2's record.

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

1-15-13

9 Regulation 55 Pa. Code 2600.187(a)

I completely understand the regulation to have records kept for each resident whom has medication administered. Part of this record shall include

Resident name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy if applicable, special instructions if applicable, diagnosis or purpose for the medication, including pr re nata (PRN), date and time of medication administration as well as name and initials of the staff person administering the medication.

The violation was given because the homes administrator and residents indicated that the 8am prescribed medications are typically administrated around 9am. It is understood that the administration of medication must occur within 60 minutes of the prescribed time.

It was noted that Resident's # 1, #2, #3, #4, #5, #6, #7 and # 8 are all due to receive 8 am medications. To ensure this violation is fixed and prevented in the future, as administrator I made a process change with administration time so that it complies with the 60 minute indication by the regulation. The homes medication administration times have been immediately changed to follow and comply with the regulation.

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

1-15-13

Violation Report: 24386 - 11/08/2012 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

Administrator, A, did not complete the annual practicum medication training for 2012.. The last documented annual practicum for Administrator A, was dated 3/19/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

SEE ATTACHED

Administrator will create a system to track due date for all staff need trainings in order to insure ongoing compliance

Signature
1-15-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Signature

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

Sharm Ahmed - Administrator

Date

12-20-12

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Signature of Legal Entity Representative

1-15-13 (Date)

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- Not Implemented

The above plan of correction was approved by

Signature (Initials)

Also, Staff person "B" did not sign and initial the medication administration logs from July 2012 through November 2012. Staff are required to sign the back of M.A.R. or have a separate page to indicate those staff who are trained in medication administration.

As administrator, I reviewed the regulation again with all staff trained in medication administration.

All paperwork has been updated as of 12/18/2012 indicating the homes staff members trained in medication administration and medication administration trainers.

[Handwritten signature]
1-15-13

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12

10 Regulation 55 Pa. Code 2600.190(a)

This violation was on Administrator A. As administrator A, I completely understand the regulation after re-reading the regulation on annual practicum medication training needs even though the medication administrator completed the department's performance-based competency tests within the past 2 years. It is important to provide safe medication administration and having annual training ensures the homes trained staff are up to date with proper medication administration.

This violation has been rectified by completing and documenting annual practicum medication training on Administrator A on 12/1/2012.

As administrator I will ensure this regulation is followed by scheduling annual practicum medication training on all medication administrators in the home.

[Handwritten signature]
1-15-13

Signed by Sharon Ahearn 12/20/2012

Sharon Ahearn / Administrator 12/20/12