

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WEST HAVEN MANOR LP
LEGAL ENTITY

To operate WEST HAVEN MANOR
NAME OF FACILITY OR AGENCY

Located at 153 GOODVIEW DRIVE, APOLLO, PA 15613
(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 80
(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 February 27, 2013 until February 27, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: **442380**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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

PW 628 - 01/11



FEB 05 2013

Ms. Sandy Motchar, Administrator
West Haven Manor, LP
612 North Main Street
Butler, Pennsylvania 16001

RE: West Haven Manor
153 Goodview Drive
Apollo, Pennsylvania 15613

Dear Ms. Motchar:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 6, 2012 and November 7, 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 be "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 2012

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.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 11/6/2012 at 9:15 AM, there were multiple cleaning products in an unlocked housekeeping cart.

The following poisonous materials were unlocked and accessible in the cabinet under the sink in the Memory Lane unit:
 a one quart spray bottle of Neutra-Stat
 a one quart bottle of Daco San II
 two 4 ounce tubes of Bengay
 two 2 ounce tubes of greaseless Bengay
 a one ounce tube of Vagisil

These items had manufactures' labels indicating "If swallowed, call Poison Control Center or Physician". Residents of the home, including Residents # 1, 2 and 3, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 11-18-12, the lock was fixed by the maintenance department. The staff was instructed to notify the maintenance department immediately if poisonous materials can not be locked. The staff was instructed if lock is not able to be fixed immediately, poisonous materials are to be moved to the housekeeping closet until lock is fixed.

see attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motchar* Date *12-24-12*

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

The above plan of correction is approved as of <u>1-9-13</u> (Date)	Plan of correction implementation status as of <u>1-9-13</u> (Date)
The above plan of correction was approved by <u><i>QYP</i></u> (Initials)	<input checked="" 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: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

DEC 27 2012

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The lower kitchen cabinets along the wall to the left upon entering the kitchen were splattered with food and grime.

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.

Cabinets were cleaned, also added to the weekly cleaning schedule every Sunday. Staff also instructed to clean as they observe soiled areas. Cleanliness will be monitored by the food service director and the administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandy Motcher</i>	Date <i>12-24-12</i>
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The above plan of correction is approved as of <u>1-9-13</u> (Date)	Plan of correction implementation status as of <u>1-9-13</u> (Date)
The above plan of correction was approved by <u><i>CBP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44238 - 11/06/2012 - Cutler, Jan
PCH Name: WEST HAVEN MANOR

1. REGULATION 55 Pa.Code §2600

DEC 27 2012

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Western Field Office
Adult Recreational Licensing

2a. DESCRIPTION OF VIOLATION

The trash can at the front door has open sides on the top.

The brown trash can on the smoking porch does not have a lid.

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.

New trash can lids were ordered and replaced on 11-14-12.
In the future, any garbage cans that are replaced will be replaced with appropriate lids.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sandy Motcher

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

Sandy Motcher

Date

12-24-12

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

The above plan of correction is approved as of

1-9-13
(Date)

Plan of correction implementation status as of

1-9-13
(Date)

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

The above plan of correction was approved by

SM
(Initials)

Violation Report: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 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.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The temperature in the freezer in the Kenmore side by side freezer/refrigerator was 10 degrees fahrenheit.

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.

A new refrigerator was installed on 12-01-12. The dietary staff will check thermometer every shift and record the temperature. The dietary supervisor will be notified for any abnormal readings. The old refrigerator was taken out of use on 11-07-12.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sandy Motchar

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

Sandy Motchar

Date

12-24-12

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The above plan of correction is approved as of

1-9-13
 (Date)

Plan of correction implementation status as of

1-9-13
 (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: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

DEC 27 2012

2a. DESCRIPTION OF VIOLATION
 There were multiple loaves of unsealed Nickles bread in the lower cabinet to the far right.

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 staff was instructed at meeting on 11-15-12 that the loaves must be sealed with twist tie not folded over. A reminder was posted in the kitchen by the toaster and signed by all staff.

The dietary supervisor will monitor this in the future.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/22/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandy Notcher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Notcher* Date *12-24-12*

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The above plan of correction was approved by <u><i>ASD</i></u> (Initials)	<input checked="" 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: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 2012

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Western Field Office
 Adult Day Care Licensing

2a. DESCRIPTION OF VIOLATION

On 11/6/2012, there were two 8 pound cartons of prepared salad with a "use by" date of 11/5/2012; and one 8 pound carton of prepared salad with a "use by" date of 10/23/12 in the stainless steel refrigerator.

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 staff was instructed on 11-15-12 at a meeting that the refrigeration needs to be monitored more closely throughout the day and the temperature must be logged. When staff logs the temperature, they are to check for any items for dates to be used by. Products are to be used timely. If that is not possible return it to the main kitchen for use by the "use by date". The staff was instructed on update to cleaning task sheet.

The dietary supervisor will monitor this week.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motcher* Date *12-24-12*

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The above plan of correction was approved by <u><i>AMP</i></u> (Initials)	<input checked="" 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: 44238 - 11/06/2012 - Cutter, Jan
PCH Name: WEST HAVEN MANOR

DEC 27 2012

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION
On 11/6/2012, at 10:30 AM, there was a linen storage cart in the stairwell by rooms #18 and 19. The cart took up the space for residents to congregate in this designated fire safe area.

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 linen cart was moved to the housekeeping storage closet. The storage closet was modified to accommodate the linen cart.

2-15-13 The administrator will conduct a weekly check of all stairways, hallways, doorways, passageways and egress routes to ensure they are unlocked and unobstructed. 1-9-13 JJP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Motchar* Date *12-24-12*

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

The above plan of correction is approved as of 1-9-13 (Date)

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

Plan of correction implementation status as of 1-9-13 (Date)

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

Violation Report: 44238 - 11/06/2012 - Cutter, Jan
PCH Name: WEST HAVEN MANOR

DEC 27 2012

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

Western Field Office
Pennsylvania State Police
Professional Licensing

2a. DESCRIPTION OF VIOLATION

There was a cardboard box leaned up against the furnace in the furnace room adjacent to the employee bathroom in the Memory Lane unit.

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 11-06-12, the cardboard was removed. The furnace room is now locked so the staff does not have access to put items in the furnace room.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Mitchar* Date *12-24-12*

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The above plan of correction was approved by <u><i>JMP</i></u> (Initials)	<input checked="" 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: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 2012

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a maximum designated evacuation time, within the past year, from a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds for the following fire drills.

Date	Time	Evacuation time
10/31/2012	2:35 PM	6 min. 45 sec.
09/19/2012	7:00 PM	4 min. 3 sec.
08/30/2012	2:35 PM	5 min. 10 sec.
07/11/2012	11:05 PM	7 min. 30 sec.
06/29/2012	8:28 PM	7 min. 05 sec.
05/31/2012	11:40 AM	3 min. 05 sec.
04/30/2012	2:00 PM	5 min. 30 sec.
03/31/2012	11:22 AM	4 min. 27 sec.

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.

Our designated maximum evacuation time is 8 minutes. The Administrator will notify the fire chief to complete the designated form provided by DPW 2600.132 (d). The administrator will provide the fire department with the two forms for 2600.32 (d) and 2600.132 (b) annually when they provide the annual fire training and inspection.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sandy Motchar

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

Sandy Motchar

Date 12-24-12

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The above plan of correction is approved as of

1-9-13
 (Date)

Plan of correction implementation status as of

1-9-13
 (Date)

The above plan of correction was approved by

SM
 (Initials)

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

Violation Report: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 2012

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted on 2/27/2012. A medical evaluation has not been completed for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The physician completed an MA-51 in place of the medical evaluation. The administrator will mail out the medical evaluation to the physician. The administrator will check all records to verify the correct forms were completed. All future medical evaluations will be reviewed by the Administrator when they come in.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motcher* Date *12-24-12*

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The above plan of correction was approved by <u><i>JMP</i></u> (Initials)	<input checked="" 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: 44238 - 11/06/2012 - Cutter, Jan
PCH Name: WEST HAVEN MANOR
DEC 27 2012

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
The home's designated smoking area on the side porch off of the kitchen, has chair cushions on the patio chairs with labels indicating "this article does not meet the California Bureau of home furnishings flammability requirements". In addition, there are fabric sling chairs that have no label and therefore no indication of whether or not the fabric is flammable.

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 chair cushions were removed from the porch on 11-06-12.
During monthly cleaning, the housekeeping department will inspect the furniture to make sure cushions are not replaced.

2-15-13 Staff persons will monitor the smoking area on the porch 1x per day to ensure all furniture, cushions are fire resistant.

Immediately - the fabric sling chairs will be removed from the smoking area.

1-9-13 JPP
1-9-13 JPP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sandy Motcher* Date *12-24-12*

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The above plan of correction was approved by <u>JPP</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: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

DEC 27 2012

Western Field Office
 Adult Residential Licensing

- (1) Vehicle registration.
- (2) Valid driver's license for each vehicle operator.
- (3) Vehicle insurance.
- (4) Current inspection.
- (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION

The inspection for the van used to transport residents expired 10/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The van was inspected on 11-13-12. The maintenance director will schedule annual inspections before the due date.

see attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motchar* Date *12-24-12*

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Violation Report: 44238 - 11/06/2012 - Cutter, Jan
PCH Name: WEST HAVEN MANOR

DEC 27 2012

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #5, dated 2/22/2012, does not include diagnoses of COPD, Dementia, HTN and unspecified Psychosis as identified on resident #5's medical evaluation dated 2/13/2012.

The initial assessment for Resident #6, dated 6/29/2012, does not include the diagnosis of Macular Degeneration as identified on resident 3's medical evaluation dated 6/18/2012.

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

The assessments for resident #5 & 6 were updated to include all the diagnoses from the medical evaluation. Due to the past training, the administrator did not include all the diagnoses on the assessments. The administrator will include all diagnoses on assessments in the future. Updates were made on the assessments for residents 5 & 6. All diagnoses will be included on all future assessments.

2-15-13 The administrator or a designated staff person will review all current resident assessments, comparing them to the most recent medical evaluation to ensure all diagnoses have been carried over to the assessment.
1-9-13 JJP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sandy Motchar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandy Motchar* Date *12-24-12*

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The above plan of correction is approved as of 1-9-13 (Date)

Plan of correction implementation status as of 1-9-13 (Date)

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

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

Violation Report: 44238 - 11/06/2012 - Cutter, Jan
 PCH Name: WEST HAVEN MANOR

DEC 27 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

Resident #2 has medical diagnoses of Coronary Artery Disease, Hyperlipidemia, total left knee replacement, history of hip fracture and Hypertension; however, the support plan, dated 7/3/2012, does not address how the home will assist the resident in meeting these needs.

In addition, Resident #2 is ordered a mechanical soft diet and dietary supplements; however, the support plan does not address how the home will assist the resident in meeting this need.

Resident #3 has medical diagnoses of CHF and COPD; however, the resident's support plan, dated 2/10/2012, does not address how the home will assist the resident in meeting these needs.

Resident #5 has Vandergrift Visiting Nurses for skin breakdowns; and the medical evaluation dated 2/13/2012 indicates that the resident needs a mechanical soft diet; and has diagnoses of COPD; Dementia; HTN; and unspecified Psychosis; however, the support plan, dated 2/22/2012, does not address how the home will assist the resident in meeting these needs.

Resident #6 has macular degeneration and is certified as legally blind; however, the support plan dated 6/29/2012, indicates that the resident does not have any sensory-vision needs.

Resident #7 has medical diagnoses of Diabetes Mellitus; GERD; history of Pulmonary Embolism; and history of acute MI; however, the support plan, dated 2/22/2012, does not address how the home will assist the resident in meeting these needs.

Resident #8 has diagnoses of CAD, Asthma, Pacemaker and Bi-Polar Disorder; however, the support plan, dated 7/3/2012, does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In the past, the administrator did not address every diagnosis on the RASP. The resident's RASP will all be updated with any change in condition or at the time the annual RASP is due. All residents 2,3,5,6,7, & 8 were updated to address the areas of concern.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandy Motchar* Date *12-24-12*

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

The above plan of correction is approved as of 1-9-13
 (Date)

Plan of correction implementation status as of 1-9-13
 (Date)

The above plan of correction was approved by *AM*
 (Initials)

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