

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LASOSKYS PERSONAL CARE HOME INC

LEGAL ENTITY

To operate LASOSKY'S PERSONAL CARE HOME, INC.

NAME OF FACILITY OR AGENCY

Located at 23 MAIN STREET, CLARKSVILLE, PA 15322

(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 25

(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 22, 2013 until February 22, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 418580

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 22 2013

Ms. Lori Lasosky, Owner/Administrator
Lasosky's Personal Care Home, Inc.
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home, Inc.
23 Main Street
Clarksville, Pennsylvania 15322

Dear Ms. Lasosky:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 14, 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", written over a white background.

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

NOV 30 2012

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted 10/18/12, did not have a resident-home contract completed. The contract in the resident's record had the heading filled in on the first page, and signatures on the last page of the document. However, all other required information including the home's rules, whether the home permits smoking, and refunds were left blank.

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.

All resident-home contracts will be completed ~~and~~ within 24 hrs by designated staff person & reviewed by the homes administrator. All residents files will be checked monthly for proper documentation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Marci Kant*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARCI KANT Administrator* Date *11/30/12*

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

The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

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

NOV 30 2012

Page 3 of 19

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review dated 4/20/12 did not address staff person training, licensing violations or plans of correction.

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.

Quality Management Plan
 Revised See Attached
 The administrator will conduct a quality management review at least annually which includes all of the required topics of 2600.26(b). Documentation will be kept. 11-13 gsp

| | |
|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): 12/14/2011 |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Marcia Kohn</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARCIA KOHN Administrator</i> | Date 11/30/12 |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>1-16-13</u> (Date) | Plan of correction implementation status as of <u>1-16-13</u> (Date) |
| The above plan of correction was approved by <u>gsp</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 |

NOV 30 2012

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 8 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
A criminal history background check has not been completed for staff person A, date of hire 6/01/12. A criminal history background check has not been completed for staff person B, date of hire 6/12/12.

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.

All background checks will be completed +
Placed in employee files within one week of hire.
Audit of employee files will be completed monthly
to ensure proper documentation

Staff person A's criminal background check was
completed on 7/31/12 and staff person B's
criminal background check was completed
11/17/13. JGP

2-20-15 the administrator will develop a checklist for
new hires which will include a criminal
history check within the required time frame.
2-20-15 the administrator and any staff involved in the hiring
and retention of staff will complete the on-line Older Adult
Protective Services Act training. Documentation shall be
kept. 1-17-13 JGP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Rahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Rahl Administrator* Date *11/30/12*

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The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

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

NOV 30 2012

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa. Code §2600

2800.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

A criminal history background check has not been completed for staff person A, date of hire 6/01/12. A criminal history background check has not been completed for staff person B, date of hire 6/12/12. Both staff person A and B are working unsupervised 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.

All background checks will be completed & placed in employee files within 1 week of hire. Audit of employee files will be

completed monthly to ensure proper documentation.

2-20-15 the administrator will develop a checklist for new hires which will include a criminal history check within the required time frame.

2-20-15 the administrator and any staff involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation shall be kept. 1-17-13 JPP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marcia Kent

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

Marcia Kent Administrator

Date 11/30/12

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

The above plan of correction is approved as of

1-16-13
(Date)

Plan of correction implementation status as of

1-16-13
(Date)

The above plan of correction was approved by

JPP
(Initials)

- Fully Implemented
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- Not Implemented

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Violation Report: 41868 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

NOV 30 2012

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

WEST REGION FIELD OFFICE
Human Services Licensing

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A and B do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

All diplomas/GED's placed in employee files upon hire. Audit of employee files done monthly to ensure proper documents.

2-20-15 the administrator will develop a checklist for new hires to ensure all direct care staff persons are qualified and documentation of qualifications is kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Bani*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARCI BANI Administrator* Date *11/30/12*

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The above plan of correction is approved as of 1-16-13 (Date)

Plan of correction implementation status as of 1-16-13 (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: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

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1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

NOV 30 2012

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for the year 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.

Will utilize DPO staff training plan
for the year 2013. See attached
The home has developed a staff training plan for 2013.
JSP 1-16-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Hall*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Hall Administrator* Date *11/30/12*

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The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

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- Not Implemented

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
Facility Name: LASOSKY S PERSONAL CARE HOME INC

NOV 30 2012

REGULATION 55 Pa.Code §2600

10.82(a) - Poisonous materials shall be stored in their original, labeled containers

WEST REGION FIELD OFFICE
Human Services Licensing

DESCRIPTION OF VIOLATION

Two bottles of cleaners that were stored in the basement were not in their original labeled containers. One bottle had Windex written marker on the bottle. The second bottle contained Multipurpose Pine Cleaner according to staff person C.

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.

All poisons will be stored
in original containers, & locked
in basement

2-2013 All staff will be educated concerning the
labeling and safe storage of poisonous materials
and the risk to residents. Documentation will
be kept. JPP 1-16-13

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

Signature of Legal Entity Representative
Required on EVERY Page *Marc Kohl*

Printed Name and Title of Legal Entity Representative
Required on EVERY Page *Marc Kohl Administrator* Date *11/30/12*

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

The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

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NOV 30 2012

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §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.

DESCRIPTION OF VIOLATION

Bowl Cleaner, with a manufacture's label indicating "to contact poison control if swallowed" and Floor Finish indicating "to contact a physician if swallowed" were unlocked and accessible to residents in the basement of the home throughout the day. Residents of the home, including resident #1, #2 and #3, have not been assessed capable of recognizing and using poisons safely.

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

Describe the 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.

Lock to be placed on basement door
first week of December where all
poisons will be kept & locked.
Will send photo.

2-20-13 All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept.

2-20-13 A designated staff person will check the home for unlocked poisonous materials daily on each shift. JSP 1-16-13

| | | |
|--|----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s) | 12/14/2011 |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Mace Kohl Administrator | | 11/30/12 |

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

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|--|---------------------------|---|--------------------------|
| above plan of correction is approved as of | <u>1-16-13</u> (Date) | Plan of correction implementation status as of | <u>1-16-13</u> (Date) |
| above plan of correction was approved by | <u>JSP</u> (Signature) | <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 | |

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

NOV 30 2012

1. REGULATION 55 Pa.Code §2600
2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

WEST PENNSYLVANIA
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
At 9:30 AM, the dumpster located in the home's side parking lot was one-third filled with trash bags and was uncovered. In addition, the bottom of the dumpster was rusted and fell out to the ground exposing trash bags coming out the bottom of the dumpster.

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.

Dumpster brought 11-15-12.
Will send photo.

2-20-13 All staff persons will be educated on the need to keep trash covered and the risks of unsanitary living conditions. Documentation will be kept.

2-20-13 A designated staff person will check the home daily to ensure that sanitary conditions are maintained including that trash outside the home is kept in covered receptacles. 1-16-13 gfp

| | |
|--|-----------------------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Marc Kahl</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marc Kahl Administrator</i> | Date <i>11/30/12</i> |

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

| | |
|--|---|
| The above plan of correction is approved as of <u>1-16-13</u> (Date) | Plan of correction implementation status as of <u>1-16-13</u> (Date) |
| The above plan of correction was approved by <u><i>gfp</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 |

RECEIVED

NOV 30 2012

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 2:30 PM, the water temperature at the first floor shared bathroom sink measured 129 degrees Fahrenheit and the water temperature at the second floor shared bathroom sink measured 127.5 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.

Water temp. turned down day of inspection. Water temp checks done weekly. See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marc Bahl

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

Marc Bahl Administrator

Date 11/30/12

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

The above plan of correction is approved as of

1-16-13
(Date)

Plan of correction implementation status as of

1-16-13
(Date)

The above plan of correction was approved by

MB
(Initials)

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

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

NOV 30 2012

1. REGULATION 55 Pa.Code §2500
2600.103(d) - Food shall be stored off the floor.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
At 10:30 AM, the home's supply of emergency water was stored on the floor in the basement.

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.

Gate bought + placed under
Water jugs removed from
basement floor Will send photo
The administrator will check all food storage
areas at least weekly to ensure all food is
stored off the floor. 1-16-13 gdp

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Bahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Bahl Administrator* Date *11/30/12*

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

The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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NOV 30 2012

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2800.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

WEST REGION FIELD OFFICE
Human Services

2a. DESCRIPTION OF VIOLATION

The exterior sliding glass door located in the 1st floor living room appears to be an exit. The door opens to a three foot drop to the ground which presents a fire safety hazard. The door is not labelled "not an exit."

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.

"Not An Exit" sign placed
above sliding glass doors.
Will send photo.
Home has placed a large piece of furniture
in front of the sliding glass door to disguise
it.

| | | |
|---|-----------------------------------|----------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Marcie Rahl Administrator | | 11/30/12 |

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

The above plan of correction is approved as of 1-16-13
(Date)

Plan of correction implementation status as of 1-16-13
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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NOV 30 2012

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

2a. DESCRIPTION OF VIOLATION

From two of the resident rooms located on the third floor of the home there is only one means of egress. The residents who occupy the two rooms have to go down six steps to a landing and then back up six steps to get to a point on the third floor where they have access to the two exits on that floor.

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.

Sent in Occupancy Permit
Waiting to hear results.

Withdrawn

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

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Plan of correction implementation status as of (Date)

The above plan of correction was approved by (Initials)

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- Not Implemented

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

NOV 30 2012

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

WEST REGION FIELD OFFICE
MUNICIPAL SERVICES DIVISION

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during December, 2011.

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.

Fire drills will be held monthly documented immediately, also the fire drill log will be reviewed monthly to ensure proper documentation.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Marci Rahl

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

Marci Rahl Administrator 11/30/12

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Plan of correction implementation status as of 1-16-13 (Date)

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

- Fully Implemented
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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

NOV 30 2012

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE
Harrisburg, Pennsylvania

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1 dated 7/10/12 and the medical evaluation for resident #5 dated 7/30/12 did not include the resident's immunization history.

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.

Medical evaluations will be checked by designated staff person, after resident returns from doctors & any new residents Audits of residents files will be conducted monthly to ensure proper documentation.
Resident #1 and #2's medical evaluations have been updated to include immunization history.
1-16-13 JHP

| | | | |
|--|-----------------------------------|--|----------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative. (Required on EVERY Page) | | | Date |
| Marcia Ball Administrator | | | 11/30/12 |

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

| | | | |
|--|--------------------------|---|--------------------------|
| The above plan of correction is approved as of | <u>1-16-13</u> (Date) | Plan of correction implementation status as of | <u>1-16-13</u> (Date) |
| The above plan of correction was approved by | <u>JHP</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 | |

NOV 30 2012

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2800

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

At 3:00 PM, staff person D had medication cups for resident #8 and resident #7 sitting on top of the medication cart. The cup for resident #8 contained Sinemet 25 mg and the cup for resident #7 contained Florastor 250 mg. Staff person D stated that she had already signed the medication administration record for the administration of the medications despite having not yet administered the medications to the residents.

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.

Memo sent to staff 11-14-12.

Meeting held 11-15-12 staff educated

on proper procedure for medication

administration. See attached

2-20-13 the administrator will observe a medication administration at least weekly to ensure the information in 2600.187(a)(13) and 2600.187(a)(14) is recorded at the time the medication is administered.

1-16-13 JJP

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/14/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Kahn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Kahn Administrator* Date *11/30/12*

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

The above plan of correction is approved as of 1-16-13 (Date)

Plan of correction implementation status as of 1-16-13 (Date)

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

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

NOV 30 2012

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Burgess, Caroline, Maryland

1. REGULATION 55 Pa.Code §2600

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

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #3 dated 1/15/12 did not reflect the resident's diagnosis of Asthma for which the resident is prescribed Advair Diskus 100/50 mcg, inhale one puff two times a day.

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.

Resident assessments will be updated when resident is diagnosed with new diagnosis. Resident assessments reviewed monthly for proper documentation. Resident # 3's assessment has been updated. H-16-13 gpp

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marci Kahl

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

Marci Kahl Administrator

Date

11/30/12

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

The above plan of correction is approved as of

1-16-13
(Date)

Plan of correction implementation status as of

1-16-13
(Date)

The above plan of correction was approved by

gpp
(Initials)

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

NOV 30 2012

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Violation Report: 41858 - 11/14/2012 - Goedert, Caroline
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1, #3, and #5 participated in the development of their support plans on 7/22/12, 1/15/12, and 8/16/12, respectively. The residents did not sign the support plans, nor did they indicate a refusal or inability to sign the plans.

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.

All residents to sign support
plan day of completion. Residents
files reviewed monthly for
proper documentation
Resident #1, 3 and 5 have signed their
support plans.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Pahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Pahl Administrator* Date *11/30/12*

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

The above plan of correction is approved as of 1-16-13
(Date)

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

Plan of correction implementation status as of 1-16-13
(Date)

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