

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HORIZON PERSONAL CARE HOME INC  
LEGAL ENTITY

To operate HORIZON PERSONAL CARE HOME, INC.  
NAME OF FACILITY OR AGENCY

Located at 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436  
(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 28  
(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 March 1, 2013 until March 1, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 413830

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 22 2013

Ms. Michelle Grimm, Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

Dear Ms. Grimm:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 15, 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", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Name: HORIZON PERSONAL CARE HOME INC	License Number: 413830
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436	County: Fayette
Administrator: Michelle Grimm	Region: WEST

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Legal Entity Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436

Certificate(s) of Occupancy C-2 LP 09/26/2000 Dept. of Labor and Industry	WEST REGION FIELD OFFICE Human Services Licensing
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Staffing Hours Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
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Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
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Reason(s) for Inspection(s)  
Renewal

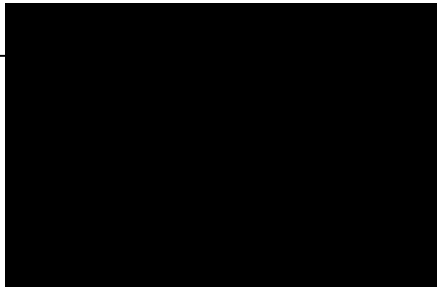
On-Site Inspections Dates and Department Representatives On-Site  
11/15/2012: Cutter, Jan; McConnell, Deb

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers:	Random Indicators:
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Resident Demographic Data as of Inspection Dates

Licensed Capacity: 28 Number of Residents Served: 20	Number of Residents who:
Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable:	

JAN 28 2013

Report: 41383 - 11/15/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 55 Pa.Code §2600  
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection primary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The most current violation report posted was dated 12/8/2011.

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.

*The home will post a current copy of violation report in the dining area.  
The administrator will check on a weekly basis to ensure the most current violation report is posted. 1-29-13 gpp*

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

Signature of Legal Entity Representative *[Signature]*  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Michelle Dr. min*      Date *1-3-13*  
(Required on EVERY Page)

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

The above plan of correction is approved as of 1-29-13  
(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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

RECEIVED

Report: 41383 - 11/15/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

JAN 28 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is using a bedside commode. However there is no partition or curtain for the provision of privacy for this resident in a shared room.

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.

Bedside commode was removed from [redacted] bedroom - Informed staff, family + Resident also that we are not permitted to use a bedside commode in same-private rooms. - Adm will make weekly rounds in the rooms to make sure we are in compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm*      Date *1-3-13*

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The above plan of correction is approved as of 1-29-13 (Date)

Plan of correction implementation status as of 1-29-13 (Date)

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

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on Report: 41383 - 11/15/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

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1. REGULATION 55 Pa.Code §2600

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

JAN 28 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 does not have a source of light that can be turned on/off from bedside.

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

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

*Light bulb was changed in bedroom #2. All staff notified to leave bulbs in lights at all times. If bulb needs replaced, let adm. know immediately. Adm will do weekly rounds to ensure compliance.*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm* Date *1-3-13*

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

The above plan of correction is approved as of <u>1-27-13</u> (Date)	Plan of correction implementation status as of <u>1-29-13</u> (Date)
The above plan of correction was approved by <u>GGP</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

on Report: 41383 - 11/15/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11/15/2012 at 2:45 PM, the temperature in the first floor kitchen refrigerator was 43 degrees fahrenheit.

On 11/15/ 2012 at 11:45 AM, the temperature in the food pantry freezer 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.

*First floor refrigerator refrigerator - knob to be kept at correct setting -  
Informed staff - Adm will do weekly rounds to ensure compliance.  
current temp was 38°*

*Food pantry freezer is not in use at this time. I have  
placed a Do not use sign on freezer. We have 3 other  
freezers at this time that we can use. Adm will make  
weekly rounds to ensure compliance*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*      Date *1-3-13*

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(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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- Not Implemented

RECEIVED

Report: 41383 - 11/15/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's and local municipality's emergency procedures are not posted in a conspicuous and public place in the home.

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

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

Horizon Pch's emergency plan was posted in the med room door. Also must have been overlaid - It has been moved along with janet's area emergency procedure to the kitchen area - all staff have been made aware. Adm will do weekly rounds to ensure compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Drumm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Drumm*      Date *1-3-13*

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

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

Report: 41383 - 11/16/2012 - Cutter, Jan  
Name: HORIZON PERSONAL CARE HOME INC

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1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

JAN 28 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and drill observed by a fire safety expert was conducted on 8/19/2011.

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 drill with local fire department was conducted on 12-3-12.  
Admin will ensure drill is conducted annually.  
Fire safety inspection completed on 12-3-12  
JSP 1-29-13

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Brown*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Brown*      Date *1-10-13*

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The above plan of correction is approved as of 1-29-13  
(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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

JAN 28 2013

Page 8 of 20

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

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
1/18/2012	10:45 AM	2 min. 45 sec.
7/11/2012	9:00 AM	2 min. 40 sec.
8/08/2012	2:00 AM	2 min. 35 sec.
9/11/2012	8:30 AM	2 min. 55 sec.

2-28-13 The administrator will complete the following steps to reduce the safe evacuation to a time less than 2 minutes 30 seconds, if the home is unable to obtain a safe evacuation time specified in writing by a fire safety expert within the past year.

- 1) Provide resident and staff education on evacuation policies and procedures. Documentation to be kept.
- 2) Conduct additional drills.
- 3) Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.
- 4) Add additional staff to meet the 2 minute 30 second evacuation time.

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 drill conducted on 12-3-12 was 1 min 58 sec. Practice drills will be done to meet compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Michelle Grimm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle Grimm	1-10-13

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

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(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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

*Wigo str 01 22*

**FIRE DRILL RECORDS  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

Facility Name: HORIZON PERSONAL CARE HOME INC

Number: 413830

Date	Time	Evac Time
10/16/2012	08:30 AM	2 min. 30 sec
09/11/2012	10:00 PM	2 min. 55 sec
08/08/2012	02:00 PM	2 min. 35 sec
07/11/2012	09:00 AM	2 min. 40 sec.
06/10/2012	04:00 PM	2 min. 30 sec
05/10/2012	11:00 AM	2 min. 28 sec
04/15/2012	11:00 PM	2 min. 30 sec
03/12/2012	02:00 PM	2 min. 30 sec.
02/15/2012	08:00 AM	2 min. 25 sec.
01/18/2012	10:45 AM	2 min. 45 sec.

Supervised by Fire Safety Expert  
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JAN 28 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

RECEIVED

JAN 28 2013

1. REGULATION 55 Pa.Code §2800  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on 7/13/2011.

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.

Medical eval. was completed on 11-27-12. Admin has made a list with due dates to ensure compliance.

2-28-13 (the administrator will review all current resident's medical evaluations to ensure they are current. 1-29-13 JPP

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/08/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Drimmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Drimmer*      Date *1-10-13*

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

The above plan of correction is approved as of 1-29-13 (Date)

Plan of correction implementation status as of 1-29-13 (Date)

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

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

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

RECEIVED

JAN 28 2013

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home has not developed written fire safety procedures to ensure safe smoking practices.

WEST REGION FIELD OFFICE  
Human Services Licensing

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

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

*No smoking is permitted on the grounds at any time. This includes staff, patients or their visitors. Totally smoke free facility - signs posted on entrance door and in dining area.*

*Withdrawn 1-29-13*

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)

*Michelle Grimm*

Date 1-3-13

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

RECEIVED

Inspection Report: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Za. DESCRIPTION OF VIOLATION

Only the current week's menu was posted (11/11/12 to 11/17/12). The upcoming week's menu (11/18/2012 to 11/24/2012) was not posted.

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

*Staff has been informed to have weekly menus posted 1 week in advance in the dining area. Adm. will make weekly rounds to ensure compliance.*

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
Michelle Grimm			1-3-13

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		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

JAN 28 2013

Page 12 of 20

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

According to staff person A, he/she dispenses medications into individually labeled cups, places the cups on a tray; initials the medication administration record; and then administers the medications to multiple 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.

*Staff has been retrained on correct procedure for medication administration. The tray has been removed from Med cart. Admin will do periodic reviews to insure compliance.*

*All staff persons administering medications will be educated on regulation 2600.182(c), including completing documentation in the MAR after each individual resident has received their medication. Documentation shall be kept. 1-3-13 JGP*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm* Date *1-3-13*

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The above plan of correction was approved by <u>JGP</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: 41383 - 11/15/2012 - Cutter, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

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.

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JAN 28 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #3 does not include the diagnosis or purpose of the medication for Aspirin 81 mg.

Resident #4 is prescribed Haloperidol 1 mg.; however, this medication is not listed on the medication administration record.

The medication administration record for Resident #5 does not include the diagnosis or purpose of the medication for Olanzapine/Fluoxetine 12/50mg.

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 Medication administration record has been updated with all diagnosis, <sup>or medication</sup> Pharmacy contacted to ensure compliance. They print our name monthly. Admin will do periodic reviews to ensure*

*compliance. 1-28-13 the administrator or designated person will review all current resident MARs, prescription orders, and medications to ensure all prescribed medications and diagnoses are indicated on the MAR at the*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011	beginning of each month 1-13-13
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Hamm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Hamm* Date *1-3-13*

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Violation Report: 41383 - 11/15/2012 - Cuffer, Jan  
CH Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

Page 14 of 20

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.191 - The home shall educate the resident the right to question a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 #3 has been educated on the right to refuse medication dated 11-16-12. Adm will make check list & admission packets with proper forms for all new admissions

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) *Michelle Brumm*      Date *1-3-13*

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

The above plan of correction is approved as of 1-29-13 (Date)

Plan of correction implementation status as of 1-29-13 (Date)

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

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

JAN 28 2013

Page 15 of 20

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
CH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no preadmission screening form for Resident #3, admitted 9/25/2012, or Resident #5, admitted 8/2/2012.

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.

*Resident #3 & Resident #5 had preadmission screening done on 1-16-12. Admin will make a check list with admission packets with proper forms for del new admissions.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Brumm* Date *1-3-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1-29-13 (Date) Plan of correction implementation status as of 1-29-13 (Date)

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

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

JAN 28 2013

Page 16 of 20

Violation Report: 41383 - 11/15/2012 - Cutler, Jan  
Facility Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.225(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 #3, admitted 9/25/2012, did not include information regarding the resident's dietary needs; sensory needs; behavioral or cognitive needs; and social and recreational needs.

The home did not complete an initial assessment for Resident #5, admitted 8/2/2012.

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.

*Resident #3 & Resident #5 assessment form are completed on 11-16-12. OAH will ensure compliance by completing a 15 day & 30 day review of new admission charts.*

*1-28-13 the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including dietary needs, sensory needs, behavioral or cognitive needs and social and recreational needs. JGP 1-29-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Brumm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Brumm* Date *1-3-13*

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

The above plan of correction is approved as of 1-29-13 (Date)

Plan of correction implementation status as of 1-29-13 (Date)

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

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

Violation Report: 41383 - 11/15/2012 - Cutler, Jan  
CH Name: HORIZON PERSONAL CARE HOME INC

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.

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JAN 28 2013

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE  
Human Services Licensing

The most recent assessment for Resident #1 was completed on 7/22/2011.

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.

*Resident #1 assessment completed on 11-27-12 - adm has made a list with due dates for all assessments. Will check weekly to ensure compliance*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
*Michelle Dr. man*  
**(Required on EVERY Page)**

Printed Name and Title of Legal Entity Representative <i>Michelle Dr. man</i> <b>(Required on EVERY Page)</b>	Date <i>1-3-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-29-13</u> (Date)	Plan of correction implementation status as of <u>1-29-13</u> (Date)
The above plan of correction was approved by <u>ADP</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

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Violation Report: 41383 - 11/15/2012 - Cutler, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 28 2013

WEST REGION FIELD OFFICE  
Pittsburgh, PA 15201

1. REGULATION 55 Pa.Code §2800

2800.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The Initial support plan for Resident #3, admitted 9/25/2012, does not include a plan to meet the resident's needs for dietary need, sensory need, behavioral or cognitive need; and social and recreational need.

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 # 3 Support plan has been completed dated 11-16-12  
Admin will ensure compliance by completing a 30 day review  
of new admissions.

2-28-13 the administrator will review all support plans for  
current residents for accuracy and completeness,  
including a plan to meet the resident's needs  
for dietary need, sensory need, behavioral or  
cognitive need and social and recreational  
needs. JSP 1-29-13

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/08/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Brumm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Brumm*      Date *1-3-13*

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

The above plan of correction is approved as of 1-29-13  
(Date)

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

Plan of correction implementation status as of 1-29-13  
(Date)

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

Violation Report: 41383 - 11/15/2012 - Cutler, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

RECEIVED

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.

JAN 28 2013

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE  
Human Services Licensing

Resident #3's support plan was not signed and dated by the person completing the plan.

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 #3 support plan has been signed date 11-16-12  
Adm will ensure compliance by completing a 30 day  
review of new admissions.

2-28-13 the administrator or designated staff person will  
check all current resident support plans for  
completion and accuracy including all  
required signatures.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Hummel*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Hummel*      Date *1-5-13*

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

The above plan of correction is approved as of 1-29-13  
(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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

Violation Report: 41383 - 11/15/2012 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

RECEIVED

JAN 28 2013

1. REGULATION 55 Pa.Code §2600  
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE  
Human Services Licensing

There was no indication of whether or not Resident #3 participated in the initial support plan.

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 #3 signed the support plan dated 11-16-12  
Adm will ensure compliance by completing a 30 day  
review of new admissions.

2-28-13 The administrator or designated staff person  
will check all current resident support  
plans and new support plans for completion  
and accuracy.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*      Date *1-3-13*

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

The above plan of correction is approved as of 1-29-13  
(Date)

Plan of correction implementation status as of 1-29-13  
(Date)

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

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