

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GLEN AND JANET VIRGO
LEGAL ENTITY

To operate WALNUT MANOR
NAME OF FACILITY OR AGENCY

Located at 5032 WALNUT STREET, PHILADELPHIA, PA 19139
(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 27
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 5, 2013 until February 5, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 117190

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 0 5 2013

Ms. Janet Virgo, Administrator
Glen and Janet Virgo
Walnut Manor
5032 Walnut Street
Philadelphia, Pennsylvania 19139

Dear Ms. Virgo:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 16, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The phone for resident use is located in the dining room at the 5032 Walnut Street location. The phone is tucked away in the corner that shares a common wall with the home's 2nd dining room. The location houses a chair and small table with a land line telephone atop the table. Representatives of the Department could clearly hear the conversations of residents using the phone. The phone's location provides no privacy.

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

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

Cordless phone is provided for residents' privacy. In service was done and residents have been educated on the importance of returning phone to the cradle especially for others to use. In service included the involvement of direct staff to ensure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Virgo

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

Janet Virgo - Administrator

Date 12/20/12

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

The above plan of correction is approved as of 12/21/12
(Date)

Plan of correction implementation status as of 1/7/13
(Date)

The above plan of correction was approved by

CMW
(Initials)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
2800.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION
The home does not maintain a list of staff persons that include addresses and telephone numbers.

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.

Updated list of staff persons with address and telephone numbers have been created.
List will be updated whenever new staff is added
Administrator is responsible to review quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Janet Virgo			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Janet Virgo - Administrator			12/20/12

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

The above plan of correction is approved as of 12/21/12
(Date)

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

Plan of correction implementation status as of 1/7/12
(Date)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B did not receive training that includes a demonstration of job duties, followed by supervised practice and Successful completion and passing the Department-approved direct care training course and passing of the competency test.

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.

Direct staffs A & B have completed competency test and have been successful in obtaining certificate.
 Administrator will provide detailed training for all staffs before start of work 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) *Janet Viroo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janet Viroo* Date *12/20/12*

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

Plan of correction implementation status as of 1/7/13
 (Date)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PGH Name: WALNUT MANOR

1. REGULATION 56 Pa.Code §2600
2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's record of training does not include the content or length of training.

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.

List for training has been created. This list include lengths of training in various areas that is required by DPW regulations along with content of training. Administrator is responsible to implement and record on issued certificate to ensure compliance

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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(Date)

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- There was a hole in the wall behind the bathroom door on the 5030 side of the building.
- There was a hole in the closet door in room #3.
- There was water damage on the ceiling of the 2nd floor bathroom. The bathroom is located to the left of room #4.

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.

Holes in the walls have been fixed in bathroom and closet door. Water damage in ceiling will be completed by 12/20/12.

Housekeeping staffs have been directed/educated to document and report to maintenance personnel any defective, broken, damaged area, furniture or anything needs fixing or replacing.

Administrator will have monthly walk through inspection to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Virgo

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

Janet Virgo

Date

12/20/12

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1/7/13
(Date)

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

The above plan of correction was approved by

CEM
(Initials)

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The home's fire alarm was repaired one month ago, because of continual beeping. However, the home failed to reset it properly; causing the panel to display silenced on the panel.
- The arm chair, located in the television room, has a tear with exposed cotton stuffing.
- The seats of two chairs, on the home's front porch, were ripped with the upholstery foam exposed and grimy with continual use.
- The following was observed in room A:
Chest of drawers with broken and missing drawers.
Side chair with a tear and cotton stuffing exposed.
A 2nd dresser with the front panel of drawer missing.
- The third floor bathroom had loose ceramic tile on the floor presenting a tripping hazard.
- The toilet paper holder, in the bathroom on the 5030 side of the building, was not well secured to the wall. The plastic dry wall anchor screws used to secure the holder in place were falling out of the wall. The toilet seat was also broken.

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.

1. Home's fire alarm panel was reset.
2. Broken chair was removed for repair due to broken spring
3. Chairs on front porch have been removed
4. ~~The~~ dresser drawers have been replaced repaired and
5. Loose Tiles on bathroom floors have been secured
6. Toilet paper holder has been secured
7. Toilet seat was replaced during inspection

Housekeeping Staffs have been educated to report and document all worn out, unsafe and/or furniture needing replacement and areas needing to be fixed. Maintenance personnel will walk through to ensure compliance monthly.
Jaw

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Janet Virgo Date 12/20/12

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

The above plan of correction is approved as of 12/21/12
(Date)

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

Plan of correction implementation status as of 1/7/13
(Date)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION
The bed in room J, located in the 5032 building, 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 has been installed on wall over bed for easy access. Housekeeping staff is responsible to ensure all rooms have accessible lighting to be in compliance with regulation.
Daily check will ensure compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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

The above plan of correction is approved as of 12/21/12 (Date)

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

Plan of correction implementation status as of 1/7/13 (Date)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
There was a common bar of soap at the sink of the second floor bathroom on 11/16/12.

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.

Bar soaps have been replaced by body wash to ensure compliance

Housekeeping will ensure body wash is always available for hygiene and to ensure compliance Daily

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Vingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Vingo* Date *12/20/12*

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

The above plan of correction is approved as of <u>12/21/12</u> (Date)	Plan of correction implementation status as of <u>1/7/13</u> (Date)
The above plan of correction was approved by <u><i>JVM</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: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

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.

2a. DESCRIPTION OF VIOLATION

- On 11/16/12, a covered plate of food containing 4 pancakes and a scoop of scrambled eggs; along with a cup of coffee was on the dining room table at 9:17 am. The food remained on the table until 11:00am. Breakfast was served at 8:00 am.

- On 11/16/12, the following open food products were stored in the home's pantry closet located in the dining room:
A jar of Tostitos all natural salsa
Bottle of Dill pickles without the pickles. The homes uses the juice for seasoning vegetables.
The label on the aforementioned jars stated "refrigerate after opening".

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 service was done to educate residents of mealtime
Dietary has been instructed to remove plates from table after
15 minutes of serving if resident is not present during mealtime
Residents have been instructed to inform dietary staff when they
will be away for mealtime so their plates will not be placed on
table.

Dietary will be responsible to ensure compliance

Dietary has been educated not to use juice of any open food
for residents' consumption. Any open food will be refrigerated

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Vingo

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

Janet Vingo

Date

12/20/12

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

The above plan of correction is approved as of

12/21/12
(Date)

Plan of correction implementation status as of

1/7/13
(Date)

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

The above plan of correction was approved by

OBM
(Initials)

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION
Torn plastic bags containing chicken were in the basement freezer, on 11/16/12.

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.
Food currently stored in freezers are sealed and dated
Direct staff/housekeeping will be responsible to examine contents of freezers to ensure compliance daily aew

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *12/21/12*
(Date)

Plan of correction implementation status as of *1/7/13*
(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: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION

On 11/16/12, numerous bags of re packaged chicken, located in the home's basement freezer, were unlabeled.

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 packages of meat are labeled and dated
Housekeeping/Dietary is responsible to ensure compliance ok Jan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janet Virgo

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

Janet Virgo

Date

12/20/12

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1/7/13
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ORM
(Initials)

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberr
PCH Name: WALNUT MANOR

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.
- Remnants of spent cigarettes, ashes and matches were found on the home's front porch. The designated smoking area is in the backyard.

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.

Residents have been educated via in service of the importance to smoke in the designated area to maintain safety and fire free
Fire safety procedures have been developed and implementation began to ensure compliance
All Direct staffs and administrators will be responsible to encourage residents to follow guidelines and refrain from smoking in non-designated areas.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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Plan of correction implementation status as of 1/7/13
(Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Resident #1 reported, to representatives from the Department, that [redacted] keeps [redacted] medication in an unlocked drawer in [redacted] bedroom. The resident's room doors were not locked on 11/16/12.

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.

Container has been provided to resident to lock medication when it is not on [redacted] person in the room.

House keeping will monitor to ensure compliance daily *Jan*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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(Date)

Plan of correction implementation status as of *1/7/13*
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberl
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The November 2012 medication administration record for resident #1 does not include a diagnosis for Risperidone 4 mg, Lisinopril 10 mg, Metoprolol tartrate 50 mg, Multivitamin w/mineral, Divalproex 500 mg, Aspirin 325 mg, Levothyroxine 0.137 mg, Omeprazole 20 mg, Simvastatin 40 mg, Terazosin HCL 10 mg, Dorzolamide 22.3l, Mometason Furoate 220 mg, Albuterol 90 mcg, Combivent, Risperidone 37.5 and Epinerprine 0.3 mg. Also, a bag containing 2 boxes of Travoprost Z 0.004% with instructions to install 1 drop in each eye at bedtime was also not listed on the resident's medication administration record..

- The November 2012 medication administration record for resident #2 was missing the diagnosis for the administration of Benztropine 1 mg, Vitamins and Minerals and chewable Aspiring 81mg mg.

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.

MAR for residents #1 & 2 have been updated to reflect diagnosis for each medication consumed.
Administrator will be responsible to review to ensure compliance monthly.com

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2011
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Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

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.

Home is currently partnering with Segal Arts to do weekly activities with residents which will involve other residents, family and community.

Direct staff is responsible to ensure activities involve everyone daily and keep home in compliance

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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

The above plan of correction is approved as of *12/21/12*
(Date)

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

Plan of correction implementation status as of *1/7/13*
(Date)

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.226(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 assessment for resident #1 was completed on 3/19/12. The resident was admitted 3/22/12.
- The assessment for resident #3 was completed on 2/8/12. The resident was admitted 2/9/12.

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.

Residents assessment will be completed the date resident is admitted or within 15 days to be in compliance
 Administrator is responsible to ensure compliance
 monthly checklist will be reviewed as part of this plan of implementation

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2011
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Janet Virgo</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Janet Virgo</i>	<i>12/20/12</i>

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

The above plan of correction is approved as of 12/21/12
(Date)

Plan of correction implementation status as of 1/7/13
(Date)

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

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberli
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(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 support plan for resident #1 was completed on 3/18/12. The resident was admitted 3/22/12.
- The support plan for resident #3 was completed on 2/8/12. The resident was admitted 2/9/12.

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.

Support plan will be completed within 15 days of admission. Review checklist will be part of continuous streamline to avoid violation and maintain compliance. Administrator is responsible to ensure compliance. *CPM*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Vuzo</i>	Date <i>12/20/12</i>
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Plan of correction Implementation status as of 1/7/13
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 11719 - 11/16/2012 - Foulkes, Kimberl
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION
The record for resident #4 does not include the date of discharge and the destination of 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.

Resident left home to hospital upon discharge [redacted] went to family member who did not notify home of intent to be discharged. Therefore no official discharge date was noted. Administrator will ensure that all future record will be noted of discharge, transfer and their destination to maintain compliance. All files will be closed out upon the last day of last month payment was received.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janet Virgo* Date *12/20/12*

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The above plan of correction is approved as of *12/21/12*
(Date)

Plan of correction implementation status as of *1/7/13*
(Date)

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

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