

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BISHOP PELCZAR MANOR

LEGAL ENTITY

To operate JOHN PAUL II MANOR

NAME OF FACILITY OR AGENCY

Located at 856 CAMBRIA STREET, CRESSON, PA 16630

(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 50  
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 January 1, 2013 until January 1, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 303180

*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



JAN 23 2013

Sister Mary Andrew, Administrator  
Bishop Pelczar Manor  
John Paul II Manor  
856 Cambria Street  
Cresson, Pennsylvania 16630

Dear Sister Mary Andrew:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 20, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

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

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract, dated 6/6/12, was not signed by Resident #1.

**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.

Administration will use a 2 step procedure to ensure all papers of a resident's file are signed properly.

1) upon admission all papers that require a signature including admission agreement and intial assessments will be checked by the assessment coordinator and administrative secretary.

- Admission agreement was signed and dated by Res. #1

2) All admission agreements were checked and corrected if needed. (11/23/12)  
(11/26/12)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Sr. Mary Andrew*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>SR. Mary ANDREW</b>	Date <b>12-13-12</b>
---	----------------------

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

The above plan of correction is approved as of 12-24-12  
(Date)

Plan of correction implementation status as of 12-24-12  
(Date)

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

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

Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

There was no signed statement acknowledging the receipt of a copy of the resident rights and complaint procedures for Resident #1.

**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.*

Administration will use a 2 step procedure to ensure all papers of a resident's file are properly signed.

1) upon admission all papers that require a signature including admission agreement which include the residents rights and complaint procedures. ~~to~~

This document will be checked by admission coordinator and administrative secretary.

2) all admission agreements were checked on 11/23/12 and completed on 11/26/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sr. Mary Andrew*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>SR. Mary ANDREW</b>	Date <b>12-13-12</b>
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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**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 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**

A criminal background check was not completed for Ancillary Staff Member A, hired on 6/30/12.

**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.

1) Potential Staff will not be trained until Criminal background check is completed

2) They will be double checked by Person who does all the new employee Paper work and administrative Secretary.

3) A criminal background check was obtained for Staff member A. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Sr. Mary Andrew*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>SR. Mary ANDREW</b>	Date <b>12-13-12</b>
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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Ancillary Staff Member A, hired on 6/30/12, did not receive an orientation in general fire safety and emergency preparedness until 7/2/12.

**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.*

We will now use:  
 Hire date: (date person hired)  
 1st DAY of work: (1st DAY of work/Training)  
 On our training papers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. Mary ANDREW

Date *12-13-12*

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 (Initials)

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

**2a. DESCRIPTION OF VIOLATION**

Bleach was stored in a "all purpose spray bottle" in the kitchen which was not the original, labeled container.

**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.*

Kitchen was inspected and bottles were the original containers. Contents of bottles matched labels. on 12/10/12

Will follow up with in service Scheduled 1/16/13 for all staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Sr. Mary Andrew*

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

*SR Mary ANDREW*

Date *12-13-12*

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

There was a container of "Austin's Wipe Away" cleaner under the unlocked sink cabinet in the craft room, accessible to residents. The label stated: "If swallowed, contact physician." Not all residents have been assessed as being capable of recognizing and using poisons safely.

There was a container of "Texpo 2" whiteboard cleaner in the craft room's unlocked closet, accessible to residents. The label stated: "If swallowed, contact poison control center." Not all residents have been assessed as being capable of recognizing and using poisons safely.

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

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

Removed AUSTIN WIPE AWAY and EXPO Cleaner  
 A signed was POSTED IN ACTIVITY ROOM and  
 a cabinet will have a lock installed by  
 12/15/12.

AN INservice will be held on 1-16-12.

on locking poisonous materials. - 22

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY ANDREW

Date

12-13-12

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 (Date)

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 (Initials)

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit in the home's kitchen did not have a thermometer.

**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 AID KIT Thermometer was Replaced ON 11/27/12.

Monthly inventory will be done to check by ADMINISTRATIVE Secretary. Starting 12/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Andrew*

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

SR. MARY ANDREW

Date

12-13-12

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12-24-12  
(Date)

The above plan of correction was approved by

ME  
(Initials)

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.103(g) - Food shall be stored in closed or sealed containers.

**2a. DESCRIPTION OF VIOLATION**

There was a box of "Rice Crispies" that was not sealed in the kitchen "dish closet".

The following food items were open and not sealed in the "dry goods" room:

- 1 ripped package of saltine crackers,
- 1 package of sliced almonds and
- 1 package of "Cheezies Puffs".

**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.*

Met with staff regarding open products found.

Kitchen Staff will now have daily checklist Regarding Open products in Kitchen.

Effective 12/1/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY Andrew

Date

12-13-12

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The above plan of correction was approved by

*JA*  
(Initials)

Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**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**

Staff member B, who is the administrator of the home, stated that residents do not evacuate to the outside in inclement weather but stand by the exits which are not fire safe areas. This was confirmed by resident interviews. The fire safety letter, dated 8/3/12, requires residents to evacuate to the outside or to approved fire safe areas.

**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.*

TALKED TO Staff and RESIDENTS and informed them that during a fire drill they must EXIT the building even in inclement weather.

Will encourage residents in inclement weather to exit the building.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY ANDREW

Date 12-13-12

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(Date)

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(Initials)

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

There was no first aid kit in the "white" van, used to transport residents.

The first kit in the "blue" van did not have goggles.

The first aid kit in the 2007 Chevrolet van did not have goggles, antiseptic, thermometer, breathing shield and scissors.

**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 new first AID Kits were purchased for all cars. Monthly checks will be done by ADMINISTRATIVE Secretary starting 12/1/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY ANDREW

Date 12-13-12

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 self administers medications and stores medications in his/her room. *Hydroxyz HCL* was on the dresser next to the television and *Triamcinolone Acetonide* was next to the hand sink. These medications were unsecured and the room was not locked.

*Triamcinolon* cream for Resident #3 was found on the dresser in the shared, unlocked bedroom.

**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' Room were checked and <sup>lock (32)</sup> boxes were ordered. All meds removed until boxes put into place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sr. Mary Andrew*

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

*SR. MARY ANDREW*

Date *12-13-12*

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(Date)

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(Date)

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

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

(4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Member C confirmed that medications for Resident #4 were given to an aide for administration to the resident on 11/20/12. The aide was not trained in medication administration.

**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.

Retrained all staff who dispense Meds. in medication administration  
 Told staff they were to start distributing meds according to DPW's book "ADMINISTERING MEDS The RIGHT WAY" - Effective Immediately. 11/20/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY ANDREW

Date

12-13-12

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 (Date)

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 (Initials)

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Violation Report: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

**2a. DESCRIPTION OF VIOLATION**

At 10:45 AM, there were 13 pills in a cup for Resident #4, sitting on the "prep" table in the kitchen. Staff Member C stated that the medications were prepared at breakfast from 7:00 AM to 8:30 AM. Staff member D did not know how long the medications for Resident #4 had been left on the "prep" table.

**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.

Told staff they were to dispense meds according to "ADMINISTERING MEDS the Right Way."

TALKED TO STAFF About DANGER of doing Above INCIDENT. The home will complete an internal audit regarding incident & based on findings, will submit appropriate notices/reportable incident forms. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	SR. Mary Andrew
--	-----------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SR. Mary ANDREW	

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The above plan of correction was approved by <u>SE</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: 30318 - 11/20/2012 - Hoover, Douglas

PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

The *Novolog Flexpen* insulin for Resident #4 had been used however; there was no notation as to when the insulin was first opened or when it should be discarded.

The *Lantus Solostar* insulin for Resident #6 had been used however; there was no notation as to when the insulin was first opened or when it should be discarded.

The manufacturer's labels for both insulin pens state that they should be used within 28 days 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.*

Put sign in med Room about putting date opened on all insulin pens.

Talked to person who dispensed insulin about importance of marking dates/watching for expired meds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*St. Mary Andrew*

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

*St. Mary ANDREW*

Date *12-13-12*

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(Date)

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(Initials)

Violation Report: 30318 - 11/20/2012 - Hoover, Douglas  
 PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Staff Member B, who is the administrator of the home, confirmed that the medication cart was sometimes stored in an occupied resident room which was five doors down from the medication 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.*

Medication cart will only leave  
 Med Room to dispense MeDs,  
 TALKed to Staff person About  
 this INCIDENT.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) St. Mary Andrew

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SR. Mary ANDREW Date 12-13-12

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

The above plan of correction is approved as of 12-24-12  
 (Date)

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

Plan of correction implementation status as of 12-24-12  
 (Date)

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

Violation Report: 30318 - 11/20/2012 - Hoover, Douglas.

PCH Name: JOHN PAUL II 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 (MAR) was not initialed for the administration of **Lorazepam** at 12:00 PM on 11/20/12 and **Metoclopram** at 12:00 PM on 11/20/12 for Resident #7.

The November 2012 MAR was not initialed for the administration of **Lorazepam** at 12:00 PM on 11/20/12 and **Ultram** at 12:00 PM on 11/20/12 for Resident #8.

The November 2012 MAR was not initialed for the administration of **Amoxicillin** at 12:00 PM on 11/20/12 for Resident #9.

**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.*

TALKED TO STAFF Who dispense MeDS. Told to dispense MeDS ACCORDING TO "ADMINISTERING MEDS the RIGHT WAY."

Now we have a SYSTEM IN place where  
*See Page 17A attached →*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sr. Mary Andrew*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sr. Mary Andrew* Date *12-13-12*

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

The above plan of correction is approved as of 12-24-12  
 (Date)

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

Plan of correction implementation status as of 12-24-12  
 (Date)

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

ALL three Staff who dispense  
Meds will check each other's  
MARS when finished to avoid  
this in the future.