

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DUBOIS CONTINUUM OF CARE COMMUNITY INC  
LEGAL ENTITY

To operate DUBOIS VILLAGE  
NAME OF FACILITY OR AGENCY

Located at 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801  
(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 118  
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 June 4, 2013 until June 4, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316060**

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.



JUN 04 2013

Mr. Thomas Allshouse, Board President  
Dubois Continuum of Care Community, Inc.  
Dubois Village  
282 South Eighth Street  
Dubois, Pennsylvania 15801

Dear Mr. Allshouse:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 11, 2012, December 12, 2012 and March 20, 2013, 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



Report: 31606 - 12/11/2012 - Orme, Melinda

7 2013

Home Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident #1 is diagnosed with dementia and was admitted to the home's Secure Dementia Care Unit (SDCU) on 4/4/12. According to the preadmission screening form dated, 4/4/12, the resident has a history of elopement from a prior residence. The resident's assessments, dated 4/12/12 and 7/9/12, indicate resident requires 24 hour direct supervision.

On 8/12/12, the resident was transferred from the SDCU to an unsecured part of the home due to the home closing the SDCU. The home was aware that the resident continued exit-seeking behavior and expressed a desire to leave the home. On 5/16/12 and 9/10/12, the resident threatened to "get out and run away". On 9/6/12 at 5:00 p.m., 9/13/12 at 8:30 p.m. and on 10/10/12 at 11:00 p.m., the resident attempted to elope from the home. Despite the elopement risk - the resident had been on 30 minute checks as recently as 9/29/12 - staff person A, the administrator and staff person B stated resident #1 had been allowed to take walks outside of the building without direct supervision.

On 10/19/12, resident #1 eloped from the residence after lunch and was found at 3:30 p.m. by the PA State Police in a town approximately 1/2 hour away from the home. The resident was fully dressed but wearing slippers on his/her feet. The PA State Police reported the resident was alone and confused stating his/her "Peterbilt truck had broken down" and s/he was "walking home". The police transported the resident back to the home. The resident was then taken to the hospital for an examination and s/he was again diagnosed with dementia.

The home was aware that the resident had eloped from a prior residence and had made attempts to elope from the home, yet transferred the resident to an unsecured unit and failed to provide supervision needs for resident's safety.

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 was immediately transferred to a facility with a secure dementia care unit after elopement incident on 10/19/12. Marketing Coordinator has been provided educational training on individuals with history of elopement or risk of elopement behaviors not being admitted to facility utilizing pre admission screening form. Staff provided education training on 3/5/13 on the importance of documenting and reporting changes in residents condition that would indicate risk of elopement to the resident care manager. If a current residents condition should change and become an elopement risk placement will be made as soon as feasibly possible. The resident roster has been reviewed by the Administrator to verify that no current resident is an elopement risk.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sammy L. Horner, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TAMMY L. HORNER, Administrator* Date *3/5/13*

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

The above plan of correction is approved as of 4/30/13 (Date)

Plan of correction implementation status as of 4/30/13 (Date)

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

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

2013

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

A 32 ounce container of Pepsocide disinfectant and sanitizer and a 25 ounce bottle of dishwashing detergent with bleach with manufacturer's labels indicating "If swallowed, call Poison Control or a physician" were unlocked and accessible to residents in the 2nd floor kitchenette in the cupboard under the sink.

Not all residents in the home have been assessed as capable of recognizing and using poisons safely.

Observed 12/11/12

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.

On 12/22/12 upon notification that kitchenette cabinet housing poisonous chemicals lock was NOT engaged, staff engaged locking mechanism immediately. Staff has been provided education/training on requirement and importance to resident's safety to maintain poisonous chemicals lock and inaccessible to residents at all times - see attached training records. A sign has been posted on cabinets where chemicals are kept to remind staff to keep locked at all times. A dietary chemical audit will also be conducted weekly by the Director of Dining Services for one year to ensure compliance is maintained. Audits will be turned in monthly to the Administrator and reviewed during the monthly quality assurance meeting. See attached chemical audit form.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/12/2012	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Tammy L. Horner, Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tammy L. Horner, Administrator* Date *3/5/13*

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(Date)

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(Initials)

Plan of correction implementation status as of 4/30/13  
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
 PCH Name: DUBOIS VILLAGE

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 on the second floor near room #208 does not include gloves.  
 Observed 12/11/12

Western Field Office  
 Adult Residential 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.

On 12/11/12 after notification during annual inspection that gloves were missing out of the first aid kit on lower level, the Resident Care manager immediately replaced the missing gloves. All staff has been preeducated on the importance of maintaining all required items in each first aid kit. If items are removed for use they must immediately be replaced so they are available the next time the first aid kit is needed. See attached training records. In order to ensure compliance is maintained, a weekly audit will be performed for one year by the Resident Care manager. The audit will be turned into the administrator monthly and reviewed during the monthly quality assurance meeting. See attached first aid kit audit form.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tammy L. Horner, Administrator*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *TAMMY L. HORNER, Administrator*      Date *3/5/13*

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 (Date)

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

Plan of correction implementation status as of *4/30/13*  
 (Date)

Fully Implemented      *[initials]*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

7 2013

1. REGULATION 55 Pa.Code §2600  
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Western Field Office

2a. DESCRIPTION OF VIOLATION

The most recent inspection for the fire extinguisher near room #238 was completed November of 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.

Upon notification that the fire extinguisher by room #238 was missing the inspection tag for 2012, Simplex Grinnell inspected and tagged extinguisher in January 2013. To prevent re-occurrences maintenance will audit each fire extinguisher after annual inspection by contractor to ensure each extinguisher was inspected and a new inspection tag is attached and audit inspection monthly. See attached audit. The monthly audit will be turned into the assistant administrator and reviewed at the monthly safety committee meeting.

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

Signature of Legal Entity Representative (Required on EVERY Page) Sammy L. Horner, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy L. Horner, Administrator Date 3/5/13

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

Plan of correction implementation status as of 4/30/13 (Date)

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

7 2013

1. REGULATION 55 Pa.Code §2600

Western Field Office

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

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 10/19/12. A medical evaluation was completed on 6/13/12, more that 60 days prior to admission.

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 held 12/18/12 for House Supervisors and marketing Coordinator given by Resident Care Manager which covered DME (time of evaluation vs. date of admission) and RASP's review in-service with above mentioned staff held on 2/28/13. A log will be maintained by the Resident Care Manager indicating date of DME and date of admission. To prevent reoccurrences staff will review all DME's obtained upon admission and make efforts to secure another appointment for evaluation if dates are NOT within time frame. Any issues related to scheduling another DME to achieve compliance will be reported to The Administrator.

By 5/13/13 - The administrator or designee will review the medical evaluations of all residents to ensure they are timely.

4/30/13

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

Signature of Legal Entity Representative  
(Required on EVERY Page)      Tammy L. Horner, Administrator

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Tammy L. HORNER, Administrator      Date      3/5/13

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(Date)

Plan of correction implementation status as of 4/30/13  
(Date)

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

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda

PCH Name: DUBOIS VILLAGE

7 2013

**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. Adult Function: 311 Funding

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed Ondansetron 4 mg tab, 1 tab every 6 hours for nausea and vomiting and Meclizine 12.5 mg tab, take 2 every 6 hours for dizziness as needed. The medications were not in the hospice medication kit and were not available 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.*

Resident was not using these medications at time of inspection. On 12/12/12 hospice was made aware of the need for these items for the resident's kit. On 12/14/12 medications arrived and placed in the kit. Staff training and education was provided. Resident #3 no longer resides at the facility.

By 5/31/13 - Medication audits will be completed at least monthly, by the administrator or a designee. The audit will include hospice kits as is necessary.

*4/30/13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/12/2012
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sammy L. Horner, Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tammy L. Horner, Administrator* Date *3/5/13*

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

The above plan of correction is approved as of <u><i>1/30/13</i></u> (Date)	Plan of correction implementation status as of <u><i>4/30/13</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

7 2013

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:

Resident File Office  
Adult Residential Licensing

- (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 medication administration record for resident #4 indicates Novolog MIX injection 70/30, inject 24 units subq in the evening at supper, rotate sites. On 11/30/12 at 8:00 PM the site of the injection was not indicated on the record.

5:00 PM JMU

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.

After Review of The medication administration for Resident # 4, violation incorrectly States 8:00pm site of the injection was not indicated, correct time for violation is 5pm. To prevent reoccurrences weekly medication administration record audits on all units by Wn will be performed for three months. Staff education and training provided on 3/5/13.

By 5/31/13 - The administrator or designee will review the MAR at least weekly to ensure proper documentation of medications, including insulin.

Repeat Violation: Yes ..... Date(s) of Previous Violation(s): 01/12/2012

Signature of Legal Entity Representative (Required on EVERY Page) Sammy L. Hoeneel, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sammy L. Hoeneel, Administrator Date 3/5/13

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

The above plan of correction is approved as of 4/30/13 (Date)

Plan of correction implementation status as of 4/30/13 (Date)

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

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda

PCH Name: DUBOIS VILLAGE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for resident #4 was not signed for the administration of Bromonidine Solution 0.2 % OP Alphagan, 1 drop into right eye 3 times daily on 11/7/12 at 2:00 p.m.

Resident #5 was administered Lorazepam .5 mg on 11/13/12 at 6:25 PM, 11/15/12 at 6:05 PM, 11/16/12 at 8:00 PM, 11/20/12 at 7:00 PM, 11/30/12 at 7:00 PM and Tylenol 650 mg on 11/20/12 at 7:00 PM by staff person C. On 11/29/12 at 6:30 PM Lorazepam 5 mg was administered by staff person D. The medication record was not initialed by staff persons C and D at these dates and times to indicate medication had been administered.

**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 education and training was held on 12/17/12 and reviewed on 2/28/13. Prevention is ongoing education, Review of medication training for staff persons C and D and weekly MAR audits on all units by UPN for three months. See enclosed training. Staff person C will be provided training on 3/10/13. Staff person D is no longer employed with facility.

By 5/31/13 - The administrator or designee will conduct a monthly medication audit to include MAR review and periodic observation of staff administering medication.

*[Signature]*  
4/30/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sammy A. Horner, Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *TAMMY L. HORNER, Administrator* Date *3/5/13*

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

The above plan of correction is approved as of 4/30/13  
(Date)

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

Plan of correction implementation status as of 4/30/13  
(Date)

- Fully Implemented *[checkmark]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
 PCH Name: DUBOIS VILLAGE

7 2013

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

Director of Health Care  
 Adult Home and Facilities

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 indicates Accuchecks 4 times daily. There were no Accuchecks recorded on 11/8/12, 11/23/12, and 11/30/12 at 8:00 PM.

The medication administration record for resident #5 indicates Lorazepam .5 mg, 1 tab every eight hours as needed for anxiety/agitation. According to progress notes in the resident's record, on 11/29/12 the medication was administered at 3:15 p.m. and 6:30 p.m., only 3.25 hours apart.

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

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

On 12/13/12 correction was made to accucheck readings by securing readings from memory on glucometer (correction enclosed). Staff education and training was held regarding this on 12/17/12 and reviewed on 2/28/13. The violation for resident #5 is incorrect. Resident did not receive 6:30pm Lorazepam on 11/29/12. At Exit interview, surveyor stated this resident received Lorazepam at 10:08am and then read it as 1:40pm on 11/23/12. Upon Review, the record indicates the second dose was given at 7:45pm not 1:45pm (copy of MAR attached). In-service includes legibility of documentation.

By 5/31/13 - The administrator or designee will conduct a monthly medication audit to include MAR review and periodic observation of staff administering medication.

GF 4/30/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/12/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Sammy L. Horner, Administrator

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) TAMMY L. HORNER, ADMINISTRATOR

Date 3/5/13

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

The above plan of correction is approved as of 4/30/13  
 (Date)

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

Plan of correction implementation status as of 4/30/13  
 (Date)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

7 2013

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The assessment for resident #4, dated 8/16/12, indicates the resident is independent with personal hygiene. However, progress notes from 8/12/12, 8/29/12, and 9/5/12 indicate the resident needed the assistance of staff for showering and dressing.

**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.*

Personal hygiene service need was corrected on 12/12/12 by LCN. (copy of collection enclosed). This topic was covered with education and training held with House Supervisors and Marketing Coordinators on 12/18/12 and reviewed on 2/28/13. To prevent reoccurrences as staff completes RASP they will review all information on Resident: AIME, pre-admission screening and nurses notes prior to finalization of support plan. If changes in ability or condition occur after completion of RASP such changes are to be identified, and updated on The Personal Care Home assessment update form.

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

Signature of Legal Entity Representative (Required on EVERY Page) Sammy L. Horner, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy L. HORNER, Administrator Date 3/5/13

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

Plan of correction implementation status as of 4/30/13 (Date)

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2013

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.

W. Va. Code §20-2-2  
 Admin. Code 20.1-2-1

2a. DESCRIPTION OF VIOLATION

Resident #4, who is diagnosed with diabetes, developed several skin tears on the right leg that were observed by staff beginning 8/29/12 and the November 2012 medication administration record indicates a diagnosis of glaucoma. The resident's 8/16/12 assessment has not been updated to address the skin tears or the glaucoma.

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.

Assessment was updated 12/12/12 by LPN to address skin tears and glaucoma - see attached. Staff education and training provided on 12/18/12 and reviewed on 2/28/13. To prevent reoccurrences starting immediately while completing the RASP, staff will review the current medication list for possible diagnosis not addressed on the AME and reflect that information in corresponding segments.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sammy L. Horner, Administrator*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *TAMMY L. HORNER, Administrator* Date *3/5/13*

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

Violation Report: 31606 - 12/11/2012 - Orme, Melinda  
PCH Name: DUBOIS VILLAGE

7 2013

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4, who is diagnosed with diabetes, developed several skin tears on the right leg that were observed by staff beginning 8/29/12 and the November 2012 medication administration record indicates a diagnosis of glaucoma. The resident's 8/18/12 support has not been updated to address how the resident's will be met regarding the skin tears or glaucoma.

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 #4's RASP was updated on 12/12/12 by The LPN to include how the resident's needs will be met to address skin tears and new diagnosis of glaucoma. Starting immediately, while updating the RASP, staff will include interventions to address current emerging conditions and new diagnoses. An audit will be conducted by LPNs to identify any resident with diagnoses or conditions not addressed on the RASP and documentation will be updated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Sammy A. Horner, Administrator

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

TAMMY L. HORNER, Administrator

Date 3/5/13

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

The above plan of correction is approved as of

4/30/13  
(Date)

Plan of correction implementation status as of

4/30/13  
(Date)

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

The above plan of correction was approved by

[Signature]  
(Initials)

[Signature]