

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CATHEDRAL VILLAGE LEGAL ENTITY

To operate CATHEDRAL VILLAGE NAME OF FACILITY OR AGENCY

Located at BUILDINGS A-L; 602 AND 604, 600 E. CATHEDRAL ROAD, PHILADELPHIA, PA 19128
(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 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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

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

and shall remain in effect from June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129530

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Ms. Lori White-Harvey, Director of Residential Services
Cathedral Village
Buildings A-L, 602 and 604
600 East Cathedral Road
Philadelphia, Pennsylvania 19128

Dear Ms. White-Harvey:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 14, 2012, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma.

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.

Violation: Direct care staff person A does not have a high school diploma.

We believe the violation to be incorrect.

Direct care staff person A has an active status on the Pennsylvania nurse aide registry. (See attachment #1)

*Withdrawn 3/14/13
 AEM*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lisa A. Howard

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

Lisa A. Howard

Date *2/8/13*

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

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

-Staff person A, whose first day of work was 4-17-12, did not receive orientation in evacuation procedures; staff duties and responsibilities during fire drills, emergency evacuation; the designated meeting place or fire-safe area; smoking safety procedures, smoking policy and location of smoking areas; fire extinguishers; smoke detectors and fire alarms; and telephone use and notification.

-Staff person B hired 9-18-12, did not receive orientation in evacuation procedures; staff duties and responsibilities during fire drills, emergency evacuation; the designated meeting place or fire-safe area; smoking safety procedures, smoking policy and location of smoking areas; fire extinguishers; smoke detectors and fire alarms; and telephone use and notification.

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.

Violation: Staff persons A and B did not receive orientation in fire safety and emergency preparedness on their first day of work.

All direct care staff persons will receive an orientation in general fire safety and emergency preparedness on the first day of work.

The department manager will monitor and assure compliance for any future hires. Inservices have been completed for direct care staff persons A and B. (See attachment #2) All department managers will be re-inserviced regarding the mandatory first work day required inservices at our next Managers' Meeting. This will be completed by February 28, 2013.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard* Date *2/18/13*

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

Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff persons A and B did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect; and reporting of reportable incidents and conditions.

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.

Violation: Staff persons A and B did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reportable incidents and conditions.

All direct care staff persons will receive an orientation in resident rights, emergency medical plan, mandatory reporting of abuse under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

The department manager will monitor and assure compliance for any future hires. Inservices have been completed for direct care staff persons A and B. (See attachment #3) All department managers will be re-inserviced at our next Managers' Meeting of the required staff inservices needing completion within 40 hours from first work day. This will be completed by February 28, 2013.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard* Date *2/8/13*

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The above plan of correction is approved as of <u><i>2/11/13</i></u> (Date) The above plan of correction was approved by <u><i>CRM</i></u> (Initials)	Plan of correction implementation status as of <u><i>2/11/13</i></u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

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 person A, hired on 4-17-12, did not have training that includes a demonstration of job duties; successful completion and passing of the Department-approved direct care training course and passing the competency test; and initial direct care staff person 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.

Violation: Direct care staff person A did not have training that includes a demonstration of job duties; successful completion and passing of the competency test.

The CNA's (direct care staff person A) skills were observed and competency was noted on February 7, 2013. (See attachment #4)

Withdrawn 2/14/13 cpm

PC Administrator and Assistant Administrator will monitor to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LISA A. HOWARD* Date *2/8/13*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

1. Name of the person who is the subject of this complaint: *[Name]*

2. Description of the violation: *[Description]*

3. Description of violation: *[Description]*

4. PLAN OF CORRECTION (POC) (Blank page is optional. Remember that you must sign and date any attached pages.)

Staff person C did not receive 12 hours of training in the 2011 training year. She did receive 12 hours training in the 2012 training year. Calbedad Village will prevent this violation from occurring again by developing and instituting a yearly training program. Each staff person will be required to attend a one day training program yearly that is 8 hours in duration. An additional 4 hours yearly will be obtained by CPR training as well as online and seminar training programs.

Complaint Number	Date of Previous Violation		
Signature of Local Board Representative	<i>[Signature]</i>		
Signature of State Board Representative	<i>[Signature]</i>	Date	<i>[Date]</i>
DEPARTMENT THE ONLY HOMES MAY NOT WRITE BELOW THIS LINE			
Signature of Department Representative	<i>[Signature]</i>	Date	<i>[Date]</i>
Signature of Department Representative	<i>[Signature]</i>	Date	<i>[Date]</i>

1. REGULATION 44 Va Code 1910

44VAC1910-100 - Fire safety and prevention, including staff persons, according to personnel and regularly scheduled volunteers shall be trained annually in fire safety.

- (1) The facility complied by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures well recognized and responsive to crisis and emergency situations.
- (3) Record kept.
- (4) The Older Adult Protective Services Act (38 P.S. §§ 10226-101-10226-5100).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

Staff person C did not receive training in resident rights, fire safety, emergency preparedness, and fall prevention during 2011.

3. PLAN OF CORRECTION (POC) (Attach report to compliance. Attachments that you must keep and date any attached report.)

Include steps to correct the violation, resources used, and plan to prevent a similar violation from happening again. A date must be provided for completion. Items done by other staff not to be included.

Staff person C did not receive training in resident rights, fire safety, emergency preparedness, and fall prevention during the 2011 training year. She did receive this training in the 2012 training year. This violation will not occur again. Cathedral Village has entered a curriculum training program. This program includes training in resident rights, fire safety, emergency preparedness, and fall prevention. This will be a program offered yearly over a four month period of time. Each staff member will be required to attend one of the sessions offered each year.

Number Violations Yes	Date(s) of Previous Violation(s)	03/01/2012	
Signature of Legal Entity Representative (Completed for EVERY Field)	C. J. [Signature]		
Printed Name and Title of Legal Entity Representative (Completed for EVERY Field)	C. J. [Signature]		Date: 3/24/13

DEPARTMENT USE ONLY - HOMER MAY NOT WRITE BELOW THIS LINE

Date of this report: 3/21/13
 Date of next inspection: 3/24/13

Fully Compliant
 Partially Compliant - Major Deficiencies
 Partially Compliant - Minor Deficiencies
 Non-Compliant

Violation Report: 12953 - 12/14/2012 - Kuriz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 One of two dumpsters located in the parking area behind the loading dock was uncovered.

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.

Violation: One of two dumpsters located in the parking area behind the loading dock was uncovered.
 All applicable staff (housekeeping, dining and maintenance) have been inserviced to assure that dumpsters are closed properly at all times. (See attachment #5)

Director of Plant Services and Director of Housekeeping will monitor to assure compliance. *daily. UEMC*

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa A. Howard</i>	Date <i>2/8/13</i>
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The above plan of correction is approved as of <i>2/11/13</i> (Date)	Plan of correction Implementation status as of <i>2/11/13</i> (Date)
The above plan of correction was approved by <i>CRM</i> (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: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The phones located in room H-316 and in room G-408 by the bedside do not have emergency service numbers posted nearby.

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.

Violation: Bedside phones in H-316 and G-408 did not have emergency telephone numbers posted nearby.

stickers with the required phone numbers were posted in H-316 and G-408. cor

Direct care workers are responsible for installing pre-made stickers which include required phone numbers on all telephones within the apartment. Staff has been re-inserviced as of Tuesday, February 5, 2013 and instructed to inspect on a daily basis. (See attachment #6)

Assistant PC administrator will monitor to assure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard* Date *2/8/13*

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The above plan of correction was approved by <u>CEM</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: 12963 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

Violation: The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

A formal, written policy is included. (See attachment #7). Department managers will be inserviced regarding new policy at next Managers' Meeting. This will be completed by February 28, 2013.

Director of Plant Services will monitor to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa A. Howard</i>	Date <i>2/8/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>3/14/13</i></u> (Date)	Plan of correction Implementation status as of <u><i>3/14/13</i></u> (Date)
The above plan of correction was approved by <u><i>Wm</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: 12963 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 The home's fire alarm system is divided into 9 different "Zones". When the conducts their monthly fire drills they will set off an alarm in a particular zone and proceed to conduct their fire drill. On the same day the home will methodically conduct their fire drills for all of the other "Zones". The fire alarms can be heard by the residents in the other "Zones" when they are sounded for drills. This method of conducting fire drills only allows the first "Zone" to have an unannounced fire drill. All other "Zones" that have a fire drill after the first one will have had advanced notice by hearing the fire alarm from the first drill.

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.

Violation: An unannounced fire drill shall be held once a month. The method of conducting fire drills can be heard by residents in other zones, thus residents in neighboring zones can hear the fire alarm from the first drill resulting in an announced fire drill.

Cathedral Village's fifty Personal Care units are housed in a total of fourteen buildings that comprise nine fire alarm zones. Should a fire occur the zones respond back to our command center (Reception Desk) on a zone by zone basis. (Each zone responds independently from all other zones.)

In order to comply with the requirement to conduct unannounced Personal Care fire drills throughout the campus we will stagger, over the course of any given month, drills in each of the nine zones.

This will be accomplished by designating at random, any three days of the month to conduct unannounced drills. On each of the designated days, three separate unannounced zone drills will be conducted simultaneously. This procedure will ensure all nine zones will be independently and randomly tested each month and that we will comply with the mandatory evacuation requirements.

A zone site plan and a detailed example of a random monthly fire drill procedure are attached. (See attachment #8)

Director of Plant Services and PC Administrator will be monitor and assure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LISA A. HOWARD* Date *2/8/13*

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Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION
 The 604 area of the home, does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 12-14-12, the home served 25 residents.

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

Violation: The 604 area of the home does not have a direct visual line to the nearest exit.

All materials and exit signs have been ordered and will be installed by February 15, 2013.

Director of Plant Services will monitor to assure compliance. *weekly. Jean*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard* Date *2/8/13*

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Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #1's Compazine 25 mg does not include the resident's name, instructions, or the name and title of the prescriber.

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.

Violation: The label for resident #1's Compazine 25 mg does not include the resident's name, instructions or the name and title of the prescriber.

All prescription medications will be contained in their original container and include the following: resident's name, name of medication, prescription date was issued, prescribed dosage and instruction for administration and name and title of the prescriber. Staff was re-inserviced on February 4, 2013. (See attachment #9)

Professional staff on 11 p.m.-7 a.m. shift will monitor to assure compliance *daily.*

Compazine 25 mg that did not have all required information was disposed and a compazine prescription is now available with resident's name, instructions and the name and title of the prescriber. EBM 3/14/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard* Date *2/8/13*

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

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Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

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

Resident #2 has a prescription for Atrovent 0.06% solution nasal spray PRN. The medication was 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.

Violation: Resident #2 has a prescription for Atrovent 0.06% solution nasal spray PRN. The medication was not available in the home.

All PRN medications will be available for use at all times. Staff was re-inserviced on February 4, 2013. (See attachment #10)

Professional staff on 11 p.m.-7 a.m. shift and PC Assistant Administrator will monitor to assure compliance *daily*.

Atrovent 0.06% was stopped on 12/19/12. Resident was not using it. com 2/14/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lisa A. Howard

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

Lisa A. Howard

Date

2/8/13

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

The above plan of correction is approved as of

2/14/13
 (Date)

Plan of correction implementation status as of

2/14/13
 (Date)

The above plan of correction was approved by

CEM
 (Initials)

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

Violation Report: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL 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
 On 12-10-12, resident #3 was administered Calcium 500/D at 22:00; Patanol 0.1% solution at 20:00; Glycol-Hydroxyethylcel at 20:00; Travatan Z 0.004% solution at 21:00; Aricept 10 mg at 22:00; and Sertraline HCl 50 mg at 22:00. The staff person who administered the medications did not initial the resident's medication administration record.

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.

Violation: On 12-10-12, resident #3 was administered medications; the staff person who administered the medications did not initial the resident's medication administration record.

Staff did not initial the Medication Administration Record for resident #3. Staff was re-inserviced on February 1, 2013. (See attachment #11)

Professional staff on 11 p.m.-7 a.m. shift and PC Assistant Administer will monitor to assure compliance. *daily cam*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/14/13</u> (Date)	Plan of correction implementation status as of <u>3/24/13</u> (Date)
The above plan of correction was approved by <u>DRCM</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: 12953 - 12/14/2012 - Kurtz, Andrea
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Residents #1, 2, 3 and 4's records do not include eye color, identifying marks, and means of communication.

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.

Violation: Residents 1-4's records do not include eye color, identifying marks and means of communication.

A section of the Information and Summary Report for all residents will include the following pertinent information: eye color, identifying marks and means of communication. This will be completed by February 28, 2013.

PC Administrator and Assistant Administrator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa A. Howard</i>	Date <i>2/8/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/14/13</u> (Date)	Plan of correction implementation status as of <u>3/14/13</u> (Date)
The above plan of correction was approved by <u>CLM</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