

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TRINITY LIVING CENTER LP  
LEGAL ENTITY

To operate TRINITY LIVING CENTER PAVILION SUITES  
NAME OF FACILITY OR AGENCY

Located at 400 HILLCREST AVENUE, GROVE CITY, PA 16127  
(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 20  
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 3, 2013 until June 3, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 416680

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Ms. N. Jean Dobay, NHA  
Trinity Living Center, LP  
Trinity Living Center Pavilion Suites  
400 Hillcrest Avenue  
Grove City, Pennsylvania 16127

Dear Ms. Dobay:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 9, 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

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

PCH Name: TRINITY LIVING CENTER PAVILION SUITES		7 7 2013	License Number: 416680
Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127			County: Mercer
Administrator: Stacey Crawford	Western Field Office		Region: WEST
Legal Entity Name: TRINITY LIVING CENTER LP		Adult Residential Licensing	
Legal Entity Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127			
<b>Certificate(s) of Occupancy</b> C-2 LP 06/04/2002 PA Dept L&I			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
<b>Reason(s) for Inspection(s)</b>			
Renewal			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
01/09/2013: Orme, Melinda; Flinger-Alman, Lisa			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
<b>Other Details</b>			
Partial or Full Triggers: n/a		Random Indicators: n/a	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 20 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1		<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 13 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 41668 - 01/08/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

The 8/2/12 contract for resident #1, who receives SSI, has not been updated with the current personal needs allowance which is \$85.00.

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 admission contracts have been updated by the administrator to include the new rate of \$85.00 personal needs allowance effective March 1, 2013. All future admission contracts will include the current rate for the personal needs allowance. The administrator or her designee will review all admission contracts for the next 12 months to insure that they include the current needs allowance and report that information to the home's Quality Assurance Committee. The home's staff will be educated on the changes to the admission contract related to the statement of Personal needs allowance by March 31, 2013. See attached contract for resident #1.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stacey L. Crawford*

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

STACEY L. CRAWFORD

Date 3-7-13

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

The above plan of correction is approved as of

3/22/13  
(Date)

Plan of correction implementation status as of

3/22/13  
(Date)

The above plan of correction was approved by

*MLW*  
(Initials)

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

RECEIVED

MAR 7 2013

Page 3 of 14

Violation Report: 41668 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

2a. DESCRIPTION OF VIOLATION

The 8/2/12 contract for resident #3 does not indicate whether the home collects a portion of the resident's rent rebate.

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 admission contracts have been updated by the administrator to include whether the home collects a portion of the resident's rent rebate effective March 1, 2013. All future admission contracts will include whether the home collects a portion of the resident's rent rebate. The administrator or her designee will review all admission contracts for the next 12 months to insure that they include the statement indicating whether the home collects a portion of the resident's rate and report that information to the home's Quality Assurance Committee. The home's staff will be educated on the changes to the admission contract related to the collection of resident rent rebates by March 31, 2013. See attached contract for resident #3.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stacey L. Crawford*

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

STACEY L. CRAWFORD

Date 3-7-13

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

The above plan of correction is approved as of

*3/21/13*  
(Date)

Plan of correction implementation status as of

(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: 41668 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

Western Field Office

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb1 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the dollar amount or percentage of the rent rebate to be collected.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for eligible residents. The resident-home contract for resident #1 does not include the dollar amount or percentage of rent rebate benefits that is collected.

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 admission contracts have been updated by the administrator to include the percentage amount of the rent rent rebate benefits that are collected effective March 1, 2013. All future admission contracts will include the percentage amount collected of the rent rebate. The administrator or her designee will review all admission contracts for the next 12 months to insure that they include the statement indicating the percentage of the rent rebate collected and report that information to the home's Quality Assurance Committee. The home's staff will be educated on the changes to the admission contract related to the percentage of rent rebate collected by the home by March 31, 2013. See attached contract for resident #1.

Immediately - The maximum percentage of the rent rebate the home may collect is 50%.

J  
3/22/13

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY L. CRAWFORD*      Date *3-7-13*

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

The above plan of correction is approved as of 3/22/13  
(Date)

Plan of correction implementation status as of 3/22/13  
(Date)

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

- Fully Implemented *3*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAR 7 2013

Page 5 of 14

Violation Report: 41568 - 01/09/2013 - Orme, Melinda  
FCH Name: TRINITY LIVING CENTER PAVILION SUITES

Western Field Office

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for eligible residents. The resident-home contract for residents #1 and #2 does not include the home's intended use for rent rebate revenues collected.

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 admission contracts have been updated by the administrator to include the the home's intended use for the rent rebate collected effective March 1, 2013. All future admission contracts will include the intended use for the rent rebate collected. The administrator or her designee will review all admission contracts for the next 12 months to insure that they include the statement indicating the intended use of percentage of the rent rebate collected and report that information to the home's Quality Assurance Committee.

The home's staff will be educated on the changes to the admission contract related to the intended use of the percentage collected by the home by March 31, 2013. See attached contract for resident #1 and # 2.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY L. CRAWFORD*      Date *3-7-13*

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

The above plan of correction is approved as of <u>3/22/13</u> (Date)	Plan of correction implementation status as of <u>3/22/13</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: 41688 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

**1. REGULATION 55 Pa.Code §2600**  
2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:  
(1) The reportable incident and condition reporting procedures.  
(2) Complaint procedures.  
(3) Staff person training.  
(4) Licensing violations and plans of correction, if applicable.  
(5) Resident or family councils, or both, if applicable.

Western Field Office  
Adult Day Health Licensing

**2a. DESCRIPTION OF VIOLATION**  
The home's quality management review for 2012 did not address complaint procedures or violation reports and plans of correction.

**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.*

Effective 3/6/2013 Complaint procedures and DPW 2012 Violations and Plan of Corrections was reviewed with each staff member per Quality Management Plan. Complaint Procedures and DPW 2013 Violations and Plan of corrections will be reviewed by the administrator or her designee upon completion of the POC and until all violations have been resolved.  
See the attached 2012 review, Also attached is a Quality Management Plan.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY L CRAWFORD*      Date *3-7-13*

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

The above plan of correction is approved as of 3/22/13  
(Date)

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

Plan of correction implementation status as of 3/22/13  
(Date)

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

RECEIVED

MAR 7 2013

Page 7 of 14

Violation Report: 41888 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

Western Field Office  
Adult Residential Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

**2a. DESCRIPTION OF VIOLATION**

There is no grab bar, hand rail, or assist bar for the commode in the bathroom for bedroom A.

There is not grab bar, hand rail, or assist bar for the commode in the employees bathroom, which is unlocked and accessible to 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.

Effective 2/16/2013 Assist bars were installed in employee's bathroom as well as rest room for Bedroom A. Administrator or her designee will check each room monthly and as needed to assure all grab bars, hand rails, or assist bars are in good condition. All grab bars, hand rails or assist bars will be repaired promptly by maintenance upon learning of any repairs needed. Staff will be educated within 30 days to inspect and report any concerns of missing grab bars, assist bars, handrails to the administrator or her designee immediately. Each room will be re-inspected upon vacancies to assure grab bars, handrails, or assist bars are in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Stacey L. Crawford*

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

STACEY L. CRAWFORD

Date 3-7-13

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

The above plan of correction is approved as of

3/22/13  
(Date)

Plan of correction implementation status as of

3/24/13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

RECEIVED

MAR 7 2013

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Violation Report: 41666 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

1. REGULATION 55 Pa.Code §2600

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

Western Field Office

Adults & Children Licensing

2a. DESCRIPTION OF VIOLATION

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

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

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

Effective 2/9/2013

Corrected during 2013 annual survey.

Disaster Plan Binder is located on the top of the refrigerator in the main dinning area in a conspicuous place. All staff have been informed that the book has to be left in a conspicuous place per regulation and the designated area is on top of the refrigerator. Administrator or her designee will monitor to assure the Binder remains in this area. See attached photograph.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tracey L. Crawford*

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

*Tracey L. Crawford*

Date 3-7-13

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

The above plan of correction is approved as of

*3/22/13*  
(Date)

Plan of correction implementation status as of

*3/22/13*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 41868 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

MAR 7 2013

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.

Adult Home, Initial Licensing

2a. DESCRIPTION OF VIOLATION

The home's plan for when the fire alarm system is inoperable, indicates that the Department of Health will be informed if the home's fire alarms are inoperable for more than 4 hours. The procedures do not indicate that the Department of Public Welfare will be notified when these emergency procedures are implemented.

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.

Effective 3/2013 Fire and Disaster Plan was revised to include the Department of Public Welfare will be notified if the fire alarm is down for more than four hours. See attached Fire and Disaster Plan Step # 5.

All Personal Care staff will be educated to this revised Plan by 3/15/2013, by the administrator and upon any changes thereafter.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY L. CRAWFORD*      Date *3-7-13*

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

The above plan of correction is approved as of 3/22/13  
(Date)

Plan of correction implementation status as of 3/22/13  
(Date)

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

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

MAR 7 2013

Violation Report: 41868 - 01/09/2013 - Orme, Melinda  
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

**1. REGULATION 55 Pa.Code §2600** Western Field Office  
 2600.143(a) - The home shall have a written emergency medical plan that includes the following: Licensing  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

**2a. DESCRIPTION OF VIOLATION**  
 The home's emergency medical plan does not include the hospital, source of health care or the emergency transportation to be utilized.

**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.

Effective 3/2013 Evacuation Procedure indicates Hospital to be used is:  
 Grove City Medical Center, Superior Ambulance Service  
 will be notified to come to the facility to transport  
 residence the Attached Evacuation Procedure Policy.  
 All Personal Staff will be educated by the administrator  
 by 3/15/2013 and upon any changes made thereafter.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stacey L. Crawford</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STACEY L. CRAWFORD</i>			Date <i>3-7-13</i>	

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

The above plan of correction is approved as of <u>3/20/13</u> (Date)	Plan of correction implementation status as of <u>3/22/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

MAR / 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.

Western Field Office  
Adult Protective Licensing

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 indicates Albuterol Inhalation 0.5 - 2.5 mg/3 ml 2 times daily. 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.

Corrected during annual survey- Medication was ordered and arrived at the home on 2/9/2013. Medication audits were initiated on 1/9/2012 and are done on a weekly basis to assure medication are here in the home at all times. Medication audits will continue year long and be conducted by the administrator or a personal care staff person and a audit sheet will be signed by the auditor. See the attached Medication audit sheets. All Personal Care staff will be educated on Ordering Medications in a timely manner and having medications available in house at all times by 3/15/2013 by the administrator.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) STACEY L. CRAWFORD      Date 3-7-13

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

The above plan of correction is approved as of 3/22/13  
(Date)

Plan of correction implementation status as of 3/22/13  
(Date)

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

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

RECEIVED

7-2013

Violation Report: 41868 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

**1. REGULATION 55 Pa.Code §2800**  
2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**  
The medication administration record for resident #2 indicates Megestrol Acetate 40, take 5 ml before breakfast and supper for 1 week, then decrease to 1 time before supper, then discontinue, beginning 1/2/13. The pharmacy label indicates 1 teaspoon in the evening 2 times daily 40 minutes before meals for 4 weeks, then discontinue.

**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.

Corrected during Annual Survey on 2/9/2013, "Refer to Medication Mars" sticker was placed on medication label. Medication was since discontinued by the physician. All staff will be educated on placing "refer to medication mars stickers" on any order that is changed by the physician by 3/15/2013. See the attached medication discontinue order. *Audit will be conducted weekly to monitor that labels match the medication MARS.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY CRAWFORD*      Date *3-7-13*

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

The above plan of correction is approved as of 3/22/13  
(Date)

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

Plan of correction implementation status as of 3/22/13  
(Date)

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

Violation Report: 41668 - 01/09/2013 - Orme, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

1. REGULATION 56 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
The preadmission screening form for resident #2, dated 12/11/12, does not indicate diagnoses. The medical evaluation, dated 12/11/12, indicates numerous diagnoses including Dementia/Alzheimer's, history of falls, debility, and anemia.

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.

Corrected during annual survey on 2/9/2013- preadmission form was updated to include missing diagnosis. All information collected during pre-admission screening process will be added to the pre-admission screening form by the administrator or her designee. See the attached pre-admission screening for resident # 2. On all new admissions Administrator or her designee will assure that the preadmission diagnosis matches the admission diagnosis.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*      Date *3-7-13*

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

The above plan of correction is approved as of 3/22/13 (Date)

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

Plan of correction implementation status as of 3/22/13 (Date)

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

RECEIVED

Violation Report: 41668 - 01/09/2013 - Orms, Melinda  
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

7 2013

1. REGULATION 56 Pa.Code §2800  
2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION  
The home's record accessibility policy does not indicate where the resident records are stored.

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.

Effective 3/2013 Resident record policy was revised to include where the residents records are stored. Resident records are stored in the locked closet in the dinning area of pavilion suites. See the attached Resident Record and Access and Security.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Stacey L. Crawford*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *STACEY L. CRAWFORD*      Date *3-7-13*

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