

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SIMPSON HOUSE INC  
LEGAL ENTITY

To operate SIMPSON HOUSE  
NAME OF FACILITY OR AGENCY

Located at BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131  
(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 84  
(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 14, 2013 until June 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 189210

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 15 2013

Ms. Karen Gramlich, Administrator  
Simpson House, Inc.  
Simpson House  
2101 Belmont Avenue  
Philadelphia, Pennsylvania 19131

Dear Ms. Gramlich:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 17, 2013, January 18, 2013 and January 30, 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 Adult Residential 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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

**2a. DESCRIPTION OF VIOLATION**

Resident #1, admitted 12/11/12, did not have a resident-home contract signed by the resident until 12/22/12.

**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.

*Res #1 Contract was not signed until 12/22/12 by res prior to admission on in the 24 hrs of admission due to res not available to sign with her until 12/22/12 due to his work schedule as a physician at Childrens Hospital of Phila.*

*All admissions and Marketing staff educated on DPA regulations and all admission contracts to be signed in 24 hrs of admissions by resident, responsible party and PC. PC to be signed.*

*Reviewed all new admissions contracts for signatures down by copy. Review of all admissions contracts will be audited quarterly by PCA/designee for completeness & compliance. Findings will be reported to the Quality assurance meetings*

*Date of Compliance: 4-15-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAREN GRAMLICH* Date *3-14-2013*

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

The above plan of correction is approved as of 4/15/13  
 (Date)

Plan of correction implementation status as of 3/18/13  
 (Date)

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

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

Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The contract dated 4/25/12 for Resident #1 was not signed by the administrator or the administrator designee.

The contract dated 5/26/11 for Resident #2 was not signed by the administrator or the administrator designee and the payer.

The contract dated 5/1/12 for Resident #3 was not signed by the administrator or the administrator designee, the resident and the payer.

The contract dated 4/26/12 for Resident #4 was not signed by the administrator or the administrator designee and the payer.

**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.

*Res #1 Contract was not signed by administrator or designee  
 Res #2 Contract was not signed by adm/designee and the Payer  
 Res #3 Contract was not signed by adm/designee and Payer  
 Res #4 Contract not signed by adm/designee and the payer  
 All staff responsible for signing contracts have been educated on compliance requirements and completion done in 24 hrs of admission  
 Office #'s 1 through #4 have been signed by administrator, residents copies for payer signatible have been mailed and on return will be placed in resident's files.  
 PC adm/designee will review contracts at time of admission for all signatures  
 Date of Compliance: 4-15-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2011	
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Signature of Legal Entity Representative (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRAMLICH* Date *3-14-13*

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The above plan of correction is approved as of <u>4/4/13</u> (Date)	Plan of correction implementation status as of <u>4/4/13</u> (Date)
The above plan of correction was approved by <u>RB</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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Ancillary Staff Persons A and B did not receive training in resident rights (specific to 55 Pa Code Chapter 2600), falls and accident prevention and The Older Adult Protective Services Act during training year, December, 2012 to January, 2012.

Direct Care Staff Person C and D did not receive training in resident rights (specific to 55 Pa Code Chapter 2600), and The Older Adult Protective Services Act during training year, December, 2012 to January, 2012.

**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.

*Ancillary staff # A & B missed completing required annual training for falls & accident prevention & Older Adult Protective Services Act due to unknown reason.*  
*Ancillary staff # A & B have trained in areas of Resident Rights, Falls & Accident Prevention & Older Adult Protective Services Act.*  
*Direct Care staff "C" & "D" have been trained in the areas of Res Rights & Older Adult Protective Services Act.*  
*All staff who work in the premises will complete all required training as scheduled for each year. Records of training will be in staff files & Employee files will be audited quarterly by HR/Designee to assure compliance. Results will be reported to QA meeting.*  
*State of Compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRAMLICH* Date *3-14-2013*

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The above plan of correction is approved as of <u>4/4/13</u> (Date)  The above plan of correction was approved by <u>AB</u> (Initials)	Plan of correction implementation status as of <u>4/4/13</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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home does not have record of training for Ancillary Staff Person E.

**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 staff of PC Dept have completed required annual training and records of training is retained in HR file. Ancillary staff person "E" has been current for training and all records of training located and current annual training ongoing.*

*All staff working in PC areas will complete all required training as scheduled for each year. Records of training will be in staff files.*

*Employee files will be audited quarterly by HR/region to assure compliance. Results will be reported to QA meeting.*

*Date of Compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAREN GRAMLICH</i>	Date <i>3-14-2013</i>
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 (Date)

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

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

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

Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The ceiling in the Wesley Common's laundry area has a ceiling tile in disrepair.

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.

*Laundry room ceiling tile in Wesley Commons was broken in the corner of the tile.  
 The ceiling tile in laundry room was replaced by maint. dept immediately while inspectors were in building  
 All staff have been re-educated on Reporting Procedures for Maint. issues  
 Maint. dept will monitor all ceiling tiles in all PC areas and replace as needed daily  
 Maint dept to audit quarterly and report findings to QA meeting  
 Date of Compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *AREN GRAMLICH* Date *3-14-2013*

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

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

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

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

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

Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**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 telephones in Resident #1's bedroom and living room do not have the 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.

*Emergency phone list was missing in rd #1 room due to resident moving list to a drawer in room.  
 Phone list was immediately placed in resident room at phone with inspectors in building.  
 All resident rooms inspected for phone lists, no further missing lists noted.  
 All phone lists have been placed into frames and Hung in all resident rooms for immediate location.  
 Res rooms will be audited monthly by supervisor for location and placement needs.  
 Supervisor will be responsible to track and replace as needed.  
 Quarterly audits will be conducted by PCA/DeSigue and reported to QA meeting.  
 All PC staff educated on necessity of list and reporting of any problems of list to PCA/DeSigue.  
 Date of Compliance: 4-15-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KAREN GRAMLICH** Date *3-14-2013*

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Violation Report: 18921 - 01/17/2013 - Scharpf, Amy

PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The beds in rooms 110 and 311 do not have a source of light that can be turned on/off from bedside.

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

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

*Res 110 room bedside light not functioning  
 Res 110 bedside light was replaced immediately with inspector  
 in building with a wall light  
 Room 311 res light was not functioning due to not being  
 connected to outlet. Light was immediately corrected  
 same day inspectors were in building.  
 all staff re-educated on regulation and compliance needs  
 all PC rooms inspected for light power at bedside  
 and function  
 Audits of units to be conducted by PCA/designee  
 monthly and any function concerns to be addressed  
 with maint. dept for repair or replacement  
 Audit results will be reported to QA meeting*

*Date of Compliance: 4-15-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2011		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAREN GRAMLICH* Date *3-14-2013*

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Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

The following areas in the kitchen of Wesley Commons have water and food stains.

- the side of the dishwasher
- the bottom shelf and the back of the steam table

The dish cart in the pantry on the first floor of Carson was heavily soiled.

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 areas of Wesley Commons pantry with water & food stains were cleaned by staff immediately same day as inspectors were in building.*  
*The dish cart in 1st floor Carson was removed and cleaned by dining service staff same day as inspectors were in building.*  
*All PC staff re-educated on maintaining clean environment of kitchen/pantry areas and equipment on each shift.*  
*PC Supervisors on each shift inspect areas at the start and end of each shift for staff direction of compliance.*  
*Quarterly audits will be conducted by PCA/aligned and results will be reported to QA meeting.*

*Date of Compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAREN GRAMLICH* Date *3-14-2013*

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The above plan of correction was approved by <u>[Signature]</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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

The following leftover foods were not labeled and dated in the second floor pantry in the Carson Building:

- a package of sliced cheese
- a half full open container of applesauce

**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 pantries were inspected for foods not labeled or dated same day as inspection, where in building.  
 Dining Service was notified of concerns and paid for additional labels on back of Pantry unit.  
 Labels were placed on each pantry item that required labels and extra labels are located in each pantry.  
 All staff re-educated on regulation & compliance needs and purpose for regulation.  
 PC Supervisor will audit all pantries/kitchen areas for proper labeling of food items daily and report to PC assigned by compliance concerns.*

*Date of Compliance: 4-15-13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAREN GRAMLICH*      Date *3-14-2013*

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The above plan of correction was approved by <u><i>AG</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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's last medical evaluation was completed on 5/26/12.

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.

*Res #3's records for DME completion was on 5/25/12 and located copy for chart and adm file and placed in back of folder.*  
*All completed DME's and required documents will be filed in chart & adm file when completed.*  
*Audit of this process will be done by SPAP assigned quarterly for compliance and results reported to QA meeting*

*date of compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VALEN GRAMICH</i>	Date <i>3-14-2013</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

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

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

Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**  
 The home permits smoking in the designated smoking room on the first floor connector between the Flanagan and Carson Buildings. The home's written fire safety procedures do not include proper safeguards to prevent fire hazards involved in smoking to include providing fireproof receptacles and ashtrays, fire resistant furniture, extinguishing procedures and fire extinguishers in the smoking room. Also, the home's written fire safety procedures do not include the prohibition of the use of tobacco during transportation by 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.

*The Home's Smoking Policy & Procedure has been re-written to include all required safeguards to prevent fire hazards per PA Code 2600.144(c) inclusive and to be submitted to QA Committee for compliance. All policies will be reviewed annually for Regulatory Compliance.*

*Date of Compliance: 4-15-13*

Repeat Violation: No	Date(s) of Previous Violation(s): 10/05/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>XALEN GRAMLICH</i>	Date <i>3-14-2013</i>
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Violation Report: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The home's designated smoking area on the floor connector between the Flanagan and Carson Buildings has a plastic coated table cloth and plastic liners in the trash receptacles.

**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.

*The plastic table cloth and plastic trash liners were removed from smoke room immediately with inspectors in building.*

*all staff re-educated on fire hazards in home  
 New fire resistant table & chairs and ashtrays were purchased & placed in smoke room for use by residents*

*PC adm/designer will audit room weekly and report findings to QA/safety meetings.*

*date of compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Loren Gramlich</i>	Date <i>3-14-2013</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>4/1/13</i></u> (Date)	Plan of correction implementation status as of <u><i>4/1/13</i></u> (Date)
The above plan of correction was approved by <u><i>AB</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: 18921 - 01/17/2013 - Scharpf, Amy  
 PCH Name: SIMPSON HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Residents #1, #2, #3, #4, #5, #6 and #7 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**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.

*Res #1, 2, 3, 4, 5, 6, 7 have received a copy of Resident Rights that include the right to refuse a medication. If resident believes that a medication error may have taken place.*  
*Update copies of Resident Rights have been given to all residents and copies placed in all resident files.*  
*New Resident Rights Postings placed on all PC Units*  
*All new admissions packets contain updated Resident Rights for all new admissions*  
*State of Compliance: 4-15-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AREN GRAMLICH</i>	Date <i>3-14-2013</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

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

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