

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUGAR CREEK REST  
LEGAL ENTITY

To operate MEADOW LAKE MANOR OF SUGAR CREEK REST  
NAME OF FACILITY OR AGENCY

Located at 109 PERSONAL CARE LANE WORTHINGTON, PA 16262  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 47  
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 March 29, 2013 until March 29, 2014  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426810

*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

MAR 21 2013

Mr. Matthew Tack, Executive Director  
Sugar Creek Rest  
120 Lakeside Drive  
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest  
109 Personal Care Lane  
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 17, 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,

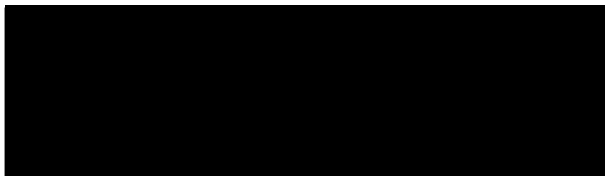
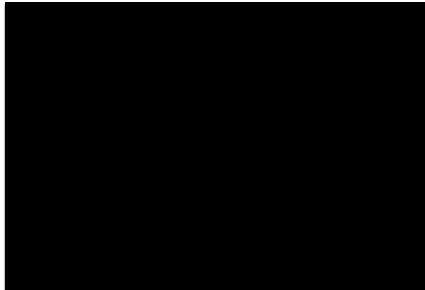
A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

**RECEIVED**

|   |   |   |
|---|---|---|
| PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST   |   | License Number: 426810                              |
| Address: 109 PERSONAL CARE LANE, WORTHINGTON, PA 16262  |   | County: Armstrong                                   |
| Administrator: Joyce Cunningham   |   | Region: WEST  |
| Legal Entity Name: SUGAR CREEK REST   |   | Western Field Office<br>Adult Residential Licensing |
| Legal Entity Address: 120 LAKESIDE DRIVE, WORTHINGTON, PA 16262   |   |   |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>03/04/1997<br>Labor & Industry  |   |   |
| <b>Staffing Hours</b><br>Resident Support: N/A                      Total Daily Staff: 35                      Waking Staff: 26   |   |   |
| Type of Inspection: Full                      BHA Docket Number: N/A                      Notice: Unannounced   |   |   |
| <b>Reason(s) for Inspection(s)</b><br>Renewal   |   |   |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>01/17/2013: Mazza, Larry; Flinner-Alman, Lisa  |   |   |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |   |   |
| <b>Other Details</b><br>Partial or Full Triggers: N/A                      Random Indicators: N/A   |   |   |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |   |
| Licensed Capacity: 47<br>Number of Residents Served: 33<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br> | <b>Number of Residents who:</b><br> |   |

FEB 7 2013

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(8) - The home shall give the resident and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis.  
Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident #1 has not received a quarterly account of financial transactions since admission to the home on 7/1/11.  
Resident #2 has not received a quarterly account of financial transactions since admission to the home on 9/9/11.

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.

As per Reg. 2600.20(b) (8) The home shall give a resident or designated person an itemized financial account balance made on residents behalf on quarterly basis  
Meadow Lake Manor Adm. will provide residents with a quarterly statement of balance on residents account using document 1 attached.  
All residents were given an account balance statement on 1-29-2013 administrator and resident signed. Residents were explained they will be receiving these statements quarterly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Joyce Cunningham*

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

Date 2-7-13

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

The above plan of correction is approved as of 2/22/13  
(Date)

Plan of correction implementation status as of 2/22/13  
(Date)

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

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

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Residential Licensing

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.

2a. DESCRIPTION OF VIOLATION

The home's last quality management review was conducted on 11/25/10.

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.

As per Reg 2600.26(b) Quality management plan shall address the periodic review and evaluation of the following. reportable incidents, complaint procedures, staff person training, license violations and POC, resident and family councils

A Quality management review was completed by the administrator and staff on January 21, 2013 records were reviewed from 2012. see attached documents 2

Quarterly management meetings will be done by administrator and staff on a quarterly basis to review reportables, resident complaints, staff training, license violations and POC, resident council review, and falls.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joyce Cunningham*

|  |                |
|--|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Joyce Cunningham | Date<br>2-7-13 |
|--|----------------|

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(Date)

Plan of correction implementation status as of 2/22/13  
(Date)

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

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

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

Western Field Office  
Adult Residential Licensing

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 began work in the home on 2/22/12. None of the training under regulation 2600.65(a) to include evacuation procedures and smoking safety procedures was completed until 3/11/12.

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

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

As per Reg. 2600.65(a) Prior to first work day all direct care staff ancillary staff, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes all of the listed above.

All staff, ancillary staff, volunteers will be oriented to the above Regulation prior to the 1st work day by the administrator prior to 1st day of work using documents 4,5, and 6 attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Joyce Cunningham *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham* Date *2-7-13*

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

The above plan of correction is approved as of 2/22/13 (Date)

Plan of correction implementation status as of 2/22/13 (Date)

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

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

FEB 7 2013

Violation Report: 42681 - 01/17/2013 - Mezza, Larry  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

**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. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

Western Field Office  
 Adult Residential Homes

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A began work in the home on 2/22/12. However, this staff person did not receive training regarding the emergency medical plan and reporting of reportable incidents and conditions until 3/11/12, which exceeded 40 scheduled hours of work.

**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.

As per Regulation 2600.65 (b)  
 All staff ancillary staff substitute personal and volunteers within the 1st 40 scheduled working hours will be oriented by the administrator on all the above 1-4 using documents 4 and 5 attached

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

|  |                |
|--|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Joyce Cunningham | Date<br>2-7-13 |
|--|----------------|

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

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

FEB 7 2013

1. REGULATION 55 Pa.Code §2600  
2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
Ancillary staff person A began work in the home on 2/22/12. However, a general orientation to the staff person's specific job functions was not completed until 3/11/12.

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

As per Regulation 2600.65 (c) ancillary staff persons shall have general orientation to their specific job functions as it relates to their position prior to working in that capacity  
Administrator or staff in this position already will give general orientation to specific job functions as it relates to a new hires position prior to working in that capacity this will be done prior to working in that capacity see attached document 5  
No new hires to show documentation

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Joyce Cunningham      Date 2-7-13

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(Date)  
The above plan of correction was approved by MS  
(Initials)  
Plan of correction implementation status as of 2/22/13  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress MS  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42681 - 01/17/2013 - Mazza, Larry FEB 7 2013  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

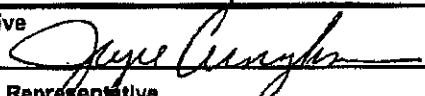
**1. REGULATION 55 Pa.Code §2600**  
 2600.85(a) - Sanitary conditions shall be maintained. Western Field Office  
Adult Protective Services

**2a. DESCRIPTION OF VIOLATION**  
 There were no paper towels, mechanical air blower, individual cloth hand towels or other sanitary means of hand-drying in the shared bathroom between bedroom #34 and bedroom #36.

**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.*

As per Reg. 2600.85 (a) Sanitary conditions shall be maintained  
 All staff were inserviced by administrator on January 22, 2013 on the need for toilet paper, paper towels etc. in bathrooms.  
 All direct care staff and housekeeper will check at end of every shift and periodically to ensure bathrooms have the above to ensure proper handwashing  
 See attached document 6

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Joyce Cunningham      Date      2-7-13

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Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600  
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION

There was no toilet paper for the toilet in the shared bathroom between bedroom #34 and bedroom #35.

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.

As per Reg. 2600.102(h) toilet paper shall be provided for every toilet  
All Staff were inserviced by administrator on January 22, 2013 on ensuring that toilet paper is in every room.  
Staff at the end of every shift when they are gathering garbage and dirty linens in resident rooms will check bathrooms to ensure that toilet paper is in place. And replace when needed see attached document 6

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Joyce Cunningham      Date 2-7-13

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Plan of correction implementation status as of 2/22/13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress MS  
 Partially Implemented - Inadequate Progress  
 Not Implemented

|   |                             |
|---|-----------------------------|
| Violation Report: 42881 - 01/17/2013 - Mazza, Larry | Western Field Office        |
| PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST     | Adult Residential Licensing |

**1. REGULATION 55 Pa. Code §2600**  
 2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

**2a. DESCRIPTION OF VIOLATION**  
 The fire extinguisher in the home's kitchen has a 1A-10BC rating. This is the only fire extinguisher in the kitchen.

**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.*

As per Reg. 2600.131(c) Fire extinguisher with a minimum of 2A-10BC rating shall be located in each kitchen

The fire extinguisher in the kitchen was immediately replaced on January 18,2013 by the maintenance department with a 2A-10BC rating

See attached document 7

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joyce Cunningham*

|  |                |
|--|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Joyce Cunningham | Date<br>2-7-13 |
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008 7 2013

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600

Western Field Office  
Adult Basic Criminal Justice

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for the drills conducted on the following dates do not include the evacuation times of the drills in minutes and seconds:

- \*05/25/12 at 3:40 pm - 4 minutes
- \*08/28/12 at 6:15 pm - 4 minutes
- \*09/13/12 at 5:00 am - 5 minutes
- \*11/30/12 at 3:45 - 4 minutes
- \*12/13/12 at 3:45 am - 4 minutes
- \*01/09/13 at 7:21 am - 2 minutes

The fire drill record for the drill conducted on 11/30/12 at 3:45 does not indicate if the drill was conducted in the am or pm.

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.*

As per Reg. 2600.132(c) a written fire drill must include date, time it took to evacuate the exit route used no. of residents in the home at time of drill, the number of residents evacuated the number of staff persons participating and any problems encountered whether smoke detector was operative

All Staff and maintenance director were inserviced on proper fire drill procedures and proper documentation of fire drill on January 22,2013

all fire drills will be documented by maintenance and staff according to the above regulation 2600.132(c) see attached document 8

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

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Date 2-7-13

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

FEB 7 2013

1. REGULATION 55 Pa.Code §2600  
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Western Field Office  
P.O. Box 100  
Lancaster, PA 17604

2a. DESCRIPTION OF VIOLATION

A maximum safe evacuation time determined by a fire safety expert on 8/15/12 is 4 minutes and 11 seconds. However, the evacuation time for the fire drill conducted on 9/13/12 at 5:00 am was 5 minutes.

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.

As per Reg. 2600.132(c)  
administrator inserviced staff on 1-20-2013 and maintenance of evacuation time of Meadow Lake Manor  
being 4 min 11 seconds as set by fire safety expert,  
maintenance and staff instructed that if safe evacuation time as noted by fire safety expert is not met the fire drill for the month needs to be redone to ensure safe evacuation of residents this drill should be done on another day at the same one was performed prior see attached document 9

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Joyce Cunningham      Date 2-7-13

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

The above plan of correction is approved as of 2/20/13  
(Date)

Plan of correction implementation status as of 2/20/13  
(Date)

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

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

7-2013

Violation Report: 42881 - 01/17/2013 - Mazza, Larry  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600  
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Western Field Office  
 Act 81

2a. DESCRIPTION OF VIOLATION  
 There was a coffee can, approximately 3/4 full of cigarette butts, on the brick wall directly to the right of the main front porch, which is not the home's designated smoking area. Also, in the designated smoking area, there was a styrofoam cup, approximately 1/2 full of cigarette butts, placed in a coffee can.

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.

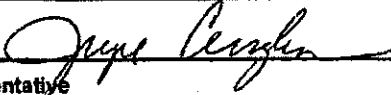
As per Reg. 2600.144(c) (2) Location of smoking room or outside smoking area a safe distance from heat sources hot water heaters combustible or flammable materials away from common walkways and exits

Administrator on January 17th ,2013 removed coffee can from brick wall that was not in smoking designated smoking area . and removed styrofoam cup from designated smoking area on January 18,2013 administrator inserviced staff and and reeducated smoking residents on the smoking policy was reviewed.

Staff were instructed when they see anything of paper products or flammable form near smoking area they are to remove it immediately and report to adm. see attached documents 10

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Joyce Cunningham | Date<br>2-7-13 |
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

**1. REGULATION 65 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

7 MAR  
 PA Dept of Health Office  
 Administration & Licensing

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is ordered Citalopram, 20 mg-take 1 1/2 tablets (30 mg) daily; however, this resident's January medication administration record (MAR) includes Citalopram, 30 mg-take 1 1/2 tablets daily.

Resident #4 is ordered Remeron, 15 mg-take 1/2 tablet (7.5 mg) daily at bedtime; however, this resident's January MAR includes Remeron, 7.5 mg-take 1/2 tablet daily at bedtime.

**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.*

As per Reg. 2600.187 (a) medication record shall be kept to include the following as list in reg. for whom the medications are administered  
 on January 17, 2013 resident 3 medication record was corrected to read the correct dose by pc aide Citalopram 20mg give 1 1/2 tab daily see attached doc 11  
 on January 17, 2013 resident 4 medication record was corrected to read the correct dose by pc aide Mirtazapine 15mg take 1/2 tab at bedtime see attached doc 12  
 pc aides will do medication reviews biweekly as assigned by adm. on assigned residents mars using document 13 and return to adm. for review and staff were reeducated on medication error policy attached doc. 14

|                       |                                   |            |
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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 03/14/2012 |
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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FEB 7 2013

Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.


Western Field Office  
 Department of Human Services

**2a. DESCRIPTION OF VIOLATION**  
 Resident #5's assessment, dated 1/20/12, does not include the resident's diagnosis of anxiety as indicated on the resident's medical evaluation, dated 1/17/12.

**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.*

As per Reg. 2600.225(a) Resident shall have written assessment that is documented on the dept. assessment form within 15 days of admission.  
 adm. added diagnosis of anxiety to assessment dated 1-20-12 on 1-23-13 see attached document 15  
 administrator or designee will ensure that all diagnosis on medical evaluation are also on assessment

|                      |                                   |  |  |  |
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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |  |
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Violation Report: 42681 - 01/17/2013 - Mazza, Larry  
PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #5's support plan, dated 1/31/12, does not address how the home will assist the resident regarding his/her diagnosis of anxiety.

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.

As per Reg 2600.227(d)

Resident #5 support plan was updated on 1-23-2013 to address the diagnosis of anxiety and how the home will assist with diagnosis

support plan was updated to read Staff will monitor resident for increase anxiety and report to md and new findings on 1-23-2013 see document 15

adm or designee will ensure that all diagnosis on the medical evaluation have a support plan to match diagnosis addressed when completed

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joyce Cunningham      Date 2-7-13

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

Plan of correction implementation status as of 2/22/13 (Date)

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- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42581 - 01/17/2013 - Mazza, Larry  
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

Western Field Office  
 Adult Residential Licensing

1. REGULATION 56 Pa.Code §2600  
 2600.254(a) - Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

2a. DESCRIPTION OF VIOLATION  
 Resident information to include dates of birth, narcotic count sheets, social security numbers and insurance information were unlocked and accessible in an unlocked desk drawer at the nurses station, which is not an enclosed area and does not have a door. In addition, there were daily census sheets and resident financial records in a binder, which was unlocked and accessible on a shelf in this nurse's station.

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.

As per Reg. 2600.254(a) records of active and discharged residents shall be maintained in a confidential manner which prevents unauthorized access on January 17, 2013 administrator immediately removed all information as listed above and locked in med room. staff was reeducated on importance of residents records being locked up to prevent unauthorized access see document 117 dated January 18, 2013 locks were put on unlocked drawers at the nurses station see document 16 administrator or designee will check daily to ensure no resident records or personal information is accessible to unauthorized access persons

*By 2/22/13 - A designated staff person on each shift will monitor the home at least once per shift to ensure records and resident information are maintained in a confidential manner which prevents unauthorized access.  
 ms 2/22/13*

|                       |                                   |            |
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