

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to OUR ORANGEVILLE MANOR INC  
LEGAL ENTITY

To operate OUR ORANGEVILLE MANOR PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 210 MILL STREET, PO BOX 157, ORANGEVILLE, PA 17859  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 36  
(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: 223930

*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. Theresa L. Hughes, President  
Our Orangeville Manor, Inc.  
Our Orangeville Manor Personal Care Home  
210 Mill Street, P.O. Box 157  
Orangeville, Pennsylvania 17859

Dear Ms. Hughes:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 23, 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: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/20/13, based on the number of residents residing in the home, 36 hours of direct care were required. However, only 24.25 hours of direct care staffing were provided.

**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 understands the importance of this regulation is to ensure that sufficient staff hours are provided to meet residents basic personal care needs.

The administrator misunderstood the fact that ancillary staff hours can not be calculated, and was doing so.

A new staff schedule has been completed and it ensures sufficient direct care staff hours without calculating ancillary staff hours.

To prevent future violations the administrator designed a staff schedule that documentation of direct care staff hours will be calculated weekly to provide at least 1 hour per day of personal care services to each mobile resident.

Enclosed is a copy of the new staff schedule.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Theresa L Hughes, ADM Date 1/30/2013

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>4/8/13</u><br>(Date)     | Plan of correction implementation status as of <u><i>M</i></u><br>(Date)  |
| The above plan of correction was approved by <u><i>M</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

**Violation Report:** 22393 - 01/23/2013 - Bloch, Betty  
**PCH Name:** OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/20/13, based on the number of residents residing in the home, 27 hours of direct care staffing was required during the waking hours. However, only 16 of the required hours were provided.

**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 understands the importance of this regulation to ensure staffing hours provided to meet personal care needs are supplied during a time of day when residents are awake. The administrator overlooked that ancillary staff hours can not be calculated.

To prevent future violations, the administrator will ensure to provide at least 75% of personal care service hours in 57(b) and 57(c) will be available during waking hours.

enclosed is a copy of the new staff schedule

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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Theresa L Hughes*

**Printed Name and Title of Legal Entity Representative**  
 (Required on EVERY Page) Theresa L Hughes, ADM Date 1/30/2013

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Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

When opening the door in resident room #8 marked "Fire Exit", a plastic chair was noted blocking the egress to the second door leading to the exterior of the home. There is a small enclosed porch between the two doors. Staff person A, who is the Assistant Administrator, explained that the chair, along with a small table and tobacco items were placed there so resident #1 can roll cigarettes for himself/herself and other 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.*

The home understands the importance of keeping exits unblocked so people can escape in the event of an emergency situation.

Maintenance Staff moved the small table and chair to the other side of the small enclosed porch away from the exit, to ensure that this exit will be kept unblocked so people can escape in an emergency.

To prevent future violations, administrator held a staff meeting on 1/25/13 and discussed this regulation. All staff will monitor all exits and be sure they are free from anything blocking them. All staff will report all/any blocked exits to administrator immediately.

This violation was corrected at time of inspection. Enclosed is a photo showing the exit is clear, also staff training.

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| Repeat Violation: No | Date(s) of Previous Violation(s): |
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| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Theresa L. Hughes</i> |
|--|--------------------------|

|   |                                    |      |           |
|---|------------------------------------|------|-----------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Administrator<br>Theresa L. Hughes | Date | 1/30/2013 |
|---|------------------------------------|------|-----------|

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Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION  
 The exit sign positioned above the exit door in the home's staff break room has letters that measure 1.5" high with a principle stroke of .25". The home currently serves 36 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.

The home understands the importance of having large lettering to help people locate our exit doors.

In addition to the small exit sign, a larger lettering sign has been placed at the exit door in our homes staff break room.

To prevent future violations a staff meeting was held on 1/25/2013 to discuss this violation. All staff will monitor the exit signs and ensure that a large letter exit sign is in place at all exits. Should a exit sign be found missing, staff will place one at any/all exits missing one. This will be reported to the administrator immediately.

Enclosed is a photo of the exit sign, and staff training. This violation was corrected at time of inspection.

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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes* Administrator Date *1/30/2013*

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

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

Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**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**

Three cigarette butts were noted on the ground directly in front of the home and two cigarette butts were noted on the walkway directly outside of the home's kitchen door. The home's designated smoking area is under the gazebo located to the right of 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 understands the importance of this regulation to reduce the risk of fire associated with unsafe smoking, and ensures that both residents and staff know what must be done in the event of a fire.

Residents and staff are reminded frequently about the homes Smoking Policy and Procedures.

Administrator held a meeting with residents on 1/24/2013 to ensure each resident understands the importance of this regulation, and also the homes Policy and procedures on our Smoking Policy.

To prevent future violations, <sup>administrator</sup> held a Staff meeting on 1/26/13 to discuss the Smoking Policy and Procedures. All Staff will be monitoring residents/visitors violating this policy. This will be reported to the administrator immediately. Maintenance Staff will pick up all butts on the ground daily and place them in the fire proof receptacles provided.

Enclosed are copies of both trainings

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Theresa L Hughes*

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

Administrator  
 Theresa L Hughes

Date

1/30/2013

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4/8/13  
 (Date)

Plan of correction implementation status as of

4/8/13  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

### 1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

### 2a. DESCRIPTION OF VIOLATION

The following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents:

#### Staff person A

The required Department-approved medication administration course by a Department-approved trainer was not completed prior to administering medications to residents

#### Staff person B

The required 2012 and 2013 annual Student Certification Forms were not completed for the Annual Practicums dated 1/9/12 and 1/3/13

#### Staff person C

The required 2012 and 2013 Student Certification Forms were not completed for the Annual Practicums dated 1/9/12 and 1/3/13

#### Staff person D

The required 2012 Student Certification Form was not completed for the Annual Practicum dated 9/7/12

#### Staff person E

The required 2012 Student Certification Form was not completed for the Annual Practicum dated 10/1/12

On 1/15/13, from 7:00 am to 3:00 pm, the home did not have a qualified staff person to administer medications. Staff person-D was scheduled to administer medications during this time. Also, staff persons A and C were scheduled during this shift.

On 1/20/13, from 7:00 am to 3:30 pm and from 3:15 pm to 10:45 pm, the home did not have a qualified staff person to administer medications. Staff person D and E were scheduled, respectively, to administer medications.

The home understands the importance of this regulation is to ensure that medications will be administered safely and in accordance with the best practices by trained professionals.

The qualified medication administration person who had incomplete training with the department's-approved medication administration misunderstood who her initial trainings were to be completed by.

Staff person A had her initial training and will have her follow up trainings completed by a train the trainer, whom is also an Licensed practical nurse.

All Staff persons, A, B, C, D and E completed their Annual Practicums.

This violation was corrected at the time of inspection.

Enclosed are copies of all trainings and certifications

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

Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

*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 homes medication administration train the trainer will continue to have all her trainings completed by a train the trainer who completed the departments - approved medication administration course, whom is also a licensed practical nurse.

To prevent future violations the administrator will sign off on all staff person A's annual trainings after being observed by our agreement with a local PCH's train the trainer, whom is also an LPN.

This violation was corrected at the time of inspection  
 Enclosed are copies of trainings and certificates

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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Theresa L Hughes, ADM* Date *1/30/2013*

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Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home's verbal policy and procedure for Prefilled Insulin Pens is to date each pen on the first day of use and to discard the pen after 28 days from the first use.

On 1/23/13, resident #2's used Lantus Solostar prefilled insulin pen did not include the date the pen was first used to administer the medication to the resident. The home did not follow its policy and procedure for dating the resident's insulin pen. The order date on the box of insulin pens was 12/27/12.

**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.*

The home understands the importance of this regulation to reduce the risk that medications and medical equipment will be misplaced, lost, or misused.

To prevent future violations, the home put into writing it's verbal policy and procedure.

The written Policy states that the home will place a start date on each individual pre-filled insulin pens, after 28 days new individual pre-filled insulin pen will be opened and dated with a new start date.

Administrator held a meeting/training on 1/26/2013 with all medication technicians to ensure they understand the homes policy on insulin medications.

Enclosed are copies of the Staff training, and written policies and procedures on insulin medication

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa L Hughes, ADM Date 1/30/2013

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(Date)

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

Plan of correction implementation status as of 4/8/13  
(Date)

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

Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

pg 18/2

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

The January 2013 medication administration record (MAR) for resident #3 indicated Acetaminophen PRN was administered on 1/3/13 at 7:40 am and on 1/4/13 at 7:30 am, as noted on the back of the MAR page. The front of the MAR page was initialed as administered for Lidocaine/Prilocaine PRN. Staff person A stated the correct PRN medication was administered on these dates and was incorrectly documented on the front of the medication administration record.

The January 2013 medication administration record (MAR) for resident #4 omitted that agitation is one of the purposes of the Sertraline medication to be administered once daily, as noted on the physician's order dated 7/3/12.

The January 2013 medication administration record (MAR) for resident #4's Metoprolol Tartrate 25mg stated, "Hold for SBP < 100 or pulse < 60". The pharmacy label stated "Hold for heart rate < 59 BPM or for systolic blood pressure < 110 mm".

**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 understands the importance of this regulation is to allow the staff persons to be able to track all medications a resident receives and to ensure all medication are administered as prescribed.

A staff training was held on 1/26/13 to ensure that all medication technicians need to be more mindful of initialing in the MAR *continued*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes, ADM*      Date *1/30/2013*

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(Date)

Plan of correction implementation status as of 4/8/13  
(Date)

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

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

2600.187A

PS 10 of 11  
Pg 2 of 2

in its proper place.

Staff person A will ensure that the MAR has the proper diagnosis or purpose for the medication, including PRN.

Proper documentation has been obtained by Resident #4's PCP. The MAR and the PCP's orders are now accurate.

To prevent future violations a staff training was held on 1/26/2013 to discuss the MAR records and all the information that is required according to regulation 2600.187(a)

4/8/13

Theresa Hughes 1/30/2013

Violation Report: 22393 - 01/23/2013 - Bloch, Betty  
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

**1. REGULATION 55 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 pre-admission screening forms for resident #s 5 and 6 do not indicate that the home can meet their needs. The residents were admitted to the home on 12/14/12 and 12/7/12, respectively.

**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 understands the importance of this regulations is to ensure that the home can safely meet a residents need prior to admission.

This was an overlook on the administrators part for residents # 5 and 6.

To prevent future violations the administrative assistant will also look over the preadmission screening to ensure all information is documented on the applicants screening indicating that their needs can be met in the home.

Residents # 5 and 6 needs can be met in our home. Enclosed are copies of their pre-admission screenings. This violation was corrected at time of inspection.

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| Repeat Violation: No | Date(s) of Previous Violation(s): |
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Theresa L Hughes Administrator Date 1/30/2013

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