

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HUMAN SERVICES CENTER
LEGAL ENTITY

To operate CARITAS
NAME OF FACILITY OR AGENCY

Located at 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101
(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 11
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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

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

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

No: 441330

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Mr. Dennis W. Nebel, Psy.D, Executive Director
Human Services Center
130 West North Street
New Castle, Pennsylvania 16101

RE: Caritas
2882 Old Princeton Road
New Castle, Pennsylvania 16101

Dear Mr. Nebel:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 1, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

2013

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home has not had a quality management review in the past 12 months.

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 administrator will check the training schedule every month to make sure no annual trainings are overlooked.

the change was made at the February 6, 2013 Staff meeting and training of the quality management Policy.

the administrator will train the staff every month, at the staff meeting + training the administrator will check off the conducted training to insure no training will be overlooked and the same violation will not occur.

Enclosed is the documentation of the training of the quality management policy

the administrator will conduct an annual quality management review which includes all of the required topics of 2600.26b. Documentation will be kept

JPP 3-14-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lucille Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LUCILLE MURPHY PCH Administrator* Date *3/1/13*

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

The above plan of correction is approved as of 3-14-13 (Date)

Plan of correction implementation status as of 3-14-13 (Date)

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

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason
PCH Name: CARITAS

3 2013

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home rules indicate that "While a resident is in compliance with house rules, three 10-minute social calls are permitted a day during designated times". Interviews with residents and the administrator confirm that these restrictions are in place.

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 administrator has change the house rule that was not in compliance with the Residents rights, to have access to the a telephone in the home to make calls in privacy. there will be no restrictions on time and the number of calls a Resident can make.

the change was made March 1, 2013

the administrator has scheduled a meeting to go over this violation and others to ensure this violation does not occur again

4. 20-13 All residents and staff persons will be educated on the updated home rules, policy, telephone usage and the operation of the telephone. Documentation will be kept. 3-14-13 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lucille Murphy

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

PCH ADMINISTRATOR
Lucille Murphy

Date 3/1/13

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

The above plan of correction is approved as of 3-14-13
(Date)

Plan of correction implementation status as of 3-14-13
(Date)

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

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

March 6 2013

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 Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 3/24/2011. This staff person was not trained in any of the topics required by this regulation within 40 working hours.

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 Administrator has created a new Staff Orientation Sheet that ensures 40 hours of training on the topics required.

The change made February 6, 2013 during the training on quality management the staff went over the orientation sheet allowing them to train the new staff and sign off on the appropriate topics.

Enclosed is a copy of the orientation for the New Direct Care Staff Person.

4-26-13 The administrator or designated staff person will review all staff person training records to ensure all staff personnel have completed the required training of 2600.65b.

4-30-13 The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record.

JYP 3-14-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rhonda Murphy

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

Rhonda Murphy

Date
3/1/13

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

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(Date)

Plan of correction implementation status as of 3-14-13
(Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason
 PCH Name: CARITAS

6 2013

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 - (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A has been performing direct care work since 3/24/2011 and has not completed the Department's direct care online training.

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

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

The administrator neglected to inform a new staff person to complete the on line Direct Care Staff Competency test and training. In the future the administrator will go through the Pennsylvania Code title 55 to review the training needs for new Direct Care Staff. this will ensure this violation does not occur again. Enclosed is the Certificate of Completion from Staff Person A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lucille Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucille Murphy PCH ADMINISTRATOR* Date *3/1/13*

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

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Plan of correction implementation status as of 3-14-13 (Date)

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

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

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- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 - (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A has been performing direct care work since 3/24/2011 and has not completed the Department's direct care online training.

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

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

4/20/2013 - The administrator will review all staff records to ensure all direct care staff have completed all areas included in 2600.65(d), including successful completion and passing of the Department-approved direct care training course.

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)

Date

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

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 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

MAR 6 2013

1. REGULATION 55 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water source. The home had a coliform water test performed on 12/5/2012. However, this was the first test performed since 2/2/2012 which exceeds the 3 month requirement.

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 Administrator does not deal with the Companies the test are water. Human Services handles all billings

HSC Sends these 2 invoices say the water testers Book + Proch wells may have missed a month of testing done on 7/17/12. JPP

The Administrator took it upon herself to call, Book + Proch have a contract with Human Services Center and will check our well water every 3 months

This violation will not happen again

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

Signature of Legal Entity Representative (Required on EVERY Page) Lucille Murphy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lucille Murphy PCH ADMINISTRATOR Date 3/1/13

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Plan of correction implementation status as of 3-14-13 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

2013

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 resident telephone in the dining room does not have the current personal care home complaint hotline number posted by the phone.

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 administrator did not know the complaint hotline was not current.

The administrator made the correction on February 1 2013 while the inspector was at the home.

The administrator will check on lines every month to ensure all PCH forms are up to date. Thus this violation will not occur again.

Enclosed is the list with corrected complaint hotline number.

4-20-13 The administrator or designated staff person will check all telephones monthly to ensure all required telephone numbers are posted by each telephone.

3-14-13 JAP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Lucille Murphy

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

LUCILLE MURPHY PCH ADMINISTRATOR

Date

3-1-13

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

The above plan of correction is approved as of

3-14-13 (Date)

Plan of correction implementation status as of

3-14-13 (Date)

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

The above plan of correction was approved by

JAP (Initials)

Violation Report: 44133 - 02/01/2013 - Williams, Jason

2013

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has no documentation of any furnace cleaning in 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.

The Administrator has acquired a Documentation Sheet for maintenance to when they clean the furnace

The maintenance sheet of Record was introduced to maintenance on Feb 6 2013

the this Document should insure the violation does not reoccur.

Enclosed is a copy of the Furnace Cleaning and maintenance Record

Maintenance has been cleaning the furnace on a regular basis but has not been documenting this

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Lucille Murphy

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

Lucille Murphy PCH Administrator

Date

3/1/13

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Plan of correction implementation status as of 3-14-13 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44133 - 02/01/2013 - Williams, Jason

2013

PCH Name: CARITAS

1. REGULATION 55 Pa. Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

- The first aid kit in the home's van contained a ziplock baggie with 10-15 large pink tablets that the home identified as Tums.
- The first aid kit in the medication room contained a ziplock baggie of approximately 20 Tylenol 325mg tablets.

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 Administrator removed the ziplocked baggies with pills in them from the first aid kit in the home van and the first aid kit in the medication room.

The Administrator has put signs near the first aid kits and on the medication cart, stating Regulation 55 Pa Code 2600

2600:183(a) Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. To ensure the violation will not occur again.

the administrator called a training for today 3/1/13 to discuss the terms of this and other violations.

4-20-13 All staff persons will be educated on the required locked storage of medications. Documentation of the training will be kept. 3-14-13 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Jucille Murphy

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

Jucille Murphy PCH Administrator

Date

3/1/13

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

The above plan of correction is approved as of 3-14-13 (Date)

Plan of correction implementation status as of 3-14-13 (Date)

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

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

Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Western Field Office
Administrative Services

2a. DESCRIPTION OF VIOLATION

-Resident #1 was administered Clozapine 50 mg on 2/1/2013 but the staff person who administered the medication did not sign the medication administration record (MAR).

-Resident #2 is ordered Novalog insulin per sliding scale at 7:30 AM, 11:00 AM, and 4:00 PM. There is no documentation in the MAR by the person administering the insulin for the following dates and times:

- 1/6/2013 at 11:00 AM
- 1/8/2013 at 4:00 PM
- 1/17/2013 at 11:00 AM
- 1/18/2013 at 7:30 AM

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 Administrator got the Staff Person who administered the meds to Resident #1 to come in and sign the MAR the next day 2/1/13.

The Staff who administered meds to Resident #2 filled in the documentation the next 2/1/13

The Administrator designed a sign to be put near or on the medication cart to remind the staff to record information at the time medication is administered to ensure that this violation will not occur again.

The Administrator called a training for today 3/1/13 to discuss the terms of this and other violations

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lucille Murphy PCH ADMINISTRATOR Date 3/1/13

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

The above plan of correction is approved as of 3-14-13 (Date)

Plan of correction implementation status as of 3-14-13 (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: 44133 - 02/01/2013 - Williams, Jason
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 -Resident #1 was administered Clozapine 50 mg on 2/1/2013 but the staff person who administered the medication did not sign the medication administration record (MAR).
 -Resident #2 is ordered Novalog insulin per sliding scale at 7:30 AM, 11:00 AM, and 4:00 PM. There is no documentation in the MAR by the person administering the insulin for the following dates and times:
 -1/8/2013 at 11:00 AM
 -1/8/2013 at 4:00 PM
 -1/17/2013 at 11:00 AM
 -1/18/2013 at 7:30 AM

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.
 4/20/2013 - All staff persons administering medication will be reeducated on administering medication including documentation of medication administration. Documentation will be kept.
 A designated staff person will monitor the MAR and the administration of resident medication daily for 3 weeks to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.
 The administrator will monitor the MAR and the administration of resident medication weekly for 3 weeks to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) PCH ADMINISTRATOR Date 3/19/13

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44133 - 02/01/2013 - Williams, Jason

PCH Name: CARITAS

MAR 6 2013

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #3 regularly exhibits screaming outbursts accompanied by complaints of pain. The resident states that he/she is put on "restriction" when these behaviors occur and that he/she is not allowed to go on outings with other residents in the home.

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

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

The Administrator is sorry Resident #3 feels she is being restricted when she screams in pain. We are using safe management techniques to protect her from injuring herself and others.

The Administrator feels the Van Driver is responsible for 11 Resident if he knows Resident #3 is screaming and in pain, why would he want to take her in the van with 10 other Residents, who may become injured if she attacked them at the Van Driver. Resident #3 has attacked other residents while in the home most recently 2/21/13 she woke up screaming the her shoulder hurt and a voice said she had cancer. She screamed that if Staff didn't get her to the hospital she would kill herself. She was hospitalized from 2/21/13 to 2/25/13.

Resident #3 is extremely mentally ill and if she feels that she'd being restricted due to her illness we don't know if this violation will occur again.

The next Staff meeting is 3/13/13 Resident #3 will be discussed if you have any suggestion on how to deal with this resident in a more positive way your suggestions will be appreciated.

Enclosed is a copy of her RASP to give you a look at the Resident's behavior and our plan to use positive interventions.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Lucille Murphy

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

Lucille MURPHY PCH ADMINISTRATOR

Date

3/1/13

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

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

Plan of correction implementation status as of _____ (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 44133 - 02/01/2013 - Williams, Jason
 PCH Name: CARITAS

2013

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

-Resident #4's most recent Resident-Assessment-Support-Plan (RASP) was completed on 6/25/2012. The "Managing Finances" section is assessed as not applicable and the support plan section is blank. However, the home manages the finances for this resident.

-This same RASP form assesses the resident as being unable to self-administer medications but the support plan section for this need is blank.

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 administrator made a mistake on the RASP and corrected it while the inspector was there on February 1, 2013

The administrator has checked all the RASP to insure this violation does not occur again

The staff meeting for March 13 2013 will be a training on the RASP

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jucille Murphy PCH ADMINISTRATOR* Date *3/1/13*

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

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