



AUG 02 2013

Ms. Gayle Magyar, Executive Director
Sarah A. Reed Retirement Center
227 West 22nd Street
Erie, Pennsylvania 16502

Dear Ms. Magyar:

As a result of the Department's reconsideration regarding your Violation Report issued June 21, 2013, a revised Violation Report is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

The revised report indicates a correction to withdraw the violations for 55 Pa.Code Ch. 2600.141a2 and 55 Pa.Code Ch. 2600.252.

Your revised violation report is enclosed.

Sincerely,

Ronald Melusky / MES
Ronald Melusky
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

RECEIVED

PCH Name: SARAH A REED RETIREMENT CENTER		License Number: 44761
Address: 227 WEST 22ND STREET, ERIE, PA 16502		County: Erie
Administrator: Karen Brobat		Region: WEST
Legal Entity Name: SARAH A REED RETIREMENT CENTER		Western Field Office Adult Residential Licensing
Legal Entity Address: 227 WEST 22ND STREET, ERIE, PA 16502		
Certificate(s) of Occupancy		
Other 12/30/1994 L& I	Other 08/28/1980 L& I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2013: Whitney, Diane; McConnell, Deb 03/14/2013: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 51 Secured Dementia Care Unit in Home: Yes Area: Zurn Pavillion Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 3	

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Western Field Office
Nursing Home Licensing

2a. DESCRIPTION OF VIOLATION

On 3-13-2013, on the Reed Terrace unit, the controlled medications count record was unlocked and accessible in a side pocket of the medication cart.

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

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

All nursing staff and med techs were educated via memo dated 4-11-2013 on the need to lock the notebook containing the narc count as it has resident information on it. (See attached.) The Director of Resident Services/designee will randomly check the carts once weekly for a period of two months and monthly thereafter. (See attached monitoring tool.)

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

Signature of Legal Entity Representative
{Required on EVERY Page} *Karen Brobst*

Printed Name and Title of Legal Entity Representative
{Required on EVERY Page} Karen Brobst, Director of Resident Services | Date 4-11-13

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

The above plan of correction is approved as of 5/2/13 (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of 5/2/13 (Date)
 Fully Implemented
 Partially Implemented- Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44784- 0311312013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600

2600.41(e)- A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Western Field Office
Acting Director, Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 & #2's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights.

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.

Both resident #1 and resident #2 were admitted prior to 2005 and had signed resident rights upon admission. (See attached.) Resident #1 and Resident #2 signed 2005 version on 4-9-2013.

Violation withdrawn
JMW 5/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
{Required on EVERY Page}

Karen Probst

Printed Name and Title of Legal Entity Representative
{Required on EVERY Page}

Karen Probst, Director of Resident Services

Date 4-11-13

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

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 56 Pa.Code §2800

2600.42(s) -A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

On 3-13-2013, the video monitoring signs posted at the main entrance and the Sassafras entrance did not indicate the monitoring is being recorded.

On 3-13-2013, there is no sign posted by the beauty shop that the area is monitored by video recording.

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 Director of Environmental Services was educated re: the placement of security cameras on 4-9-2013. See attached email. The current signs were changed from "This Facility is Monitored 24 hours/day, 7 days a week by Security Cameras" to "Images are recorded and monitored by video surveillance." Any cameras that are moved to monitor the interior/exterior corridors will have a sign posted. The Handbook has also been updated.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Brobst, Director of Resident Services* | Date *4-11-13*

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

Violation Report: 44781 - 03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600

2600.65(a) -Prior to or during the first work day, all direct care staff persons including ^{Western Field Office} 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, whose first day of work was 1-21-2013, did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills and emergency evacuations, designated meeting places, location and use of fire extinguishers, and smoke detectors and fire alarms.

Staff person B, whose first day of work was 3-6-2013, did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills and emergency evacuations, designated meeting places, location and use of fire extinguishers, and smoke detectors and fire alarms.

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.

Staff person A received orientation on 1-22-2013. Staff person B received orientation on 3-8-2013. The Center's Education Plan involves a 2 day orientation in the classroom prior to any employee starting their job duties on the unit. Both employees received their fire safety orientation prior to starting their job duties. See attached new hire letter that clarifies our protocol. The orientation sheet was updated on 4-8-2013 to include "unit start date" for clarification.

*Violation withdrawn
Karen Shis*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Bidet, Director of Resident Services* | Date

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: 44761-03/13/2013- Whitney, Diane
 PCH Name: SARAH A REED RETIREMENT CENTER
 11 2013

1. REGULATION 55 Pa.Code §2600
 2600.81(b)- Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 3-13-2013, bedroom #307 had a bedrail with openings of 4 1/2" wide x 17" length and poses an entrapment hazard.
 On 3-13-2013, bedroom #211 had a bedrail with a gap of approximately 4" from the side of the mattress and poses an entrapment hazard.
 On 3-13-2013, bedroom #229 had an enabler bar that had a gap of approximately 2" from the side of the mattress and poses an entrapment hazard.
 On 3-13-2013, bedroom #226 had an enabler bar that had an opening of 10" wide and was 2" from the side of the mattress and poses an entrapment hazard.
 On 3-13-2013, bedroom #105 had enabler bars on each side of the with an opening of 4" wide and poses an entrapment hazard.

The resident in RM 307 states the bedrail is not used. It was removed on 4-9-2013.
 The siderail in RM 211 was replaced by a covered enabler bar. It is flush to the mattress and has Dycem to keep it from sliding (photo #1)
 The enabler bar in RT 229 was secured to the bed with brackets on 4-9-2013. (photo #2).
 The enabler bar in Rt 226 was covered on 4-10-2013. The bar was strapped to the bed underneath the mattress on 4-10-2013. (photo #3)
 The enabler bars in Rt 105 were covered on 3-18-2013. (photo #4)
 Direct care staff were educated via memo dated 4-11-2013, (see attached) re: the use of enabler bars. The housekeeping staff were educated on 4-10-2013 on how to properly check the enabler bars during monthly housekeeping routine. (see attached monitoring checklist.) The Occupational Therapists and Therapy Manager were educated on 4-10-2013 re: use of enabler bars. (See attached.)

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.
 See above in bold.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Karen Brobst.

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Karen Brobst, Director of Resident Services
 Date 4-11-13

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

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER
11 2013

1. REGULATION 55 Pa.Code §2600
2600.89(b)- Hot water temperature in areas accessible to the resident may not exceed 120°F. Western Field Office
Public Health Licensing

2a. DESCRIPTION OF VIOLATION
On 3-13-2013, the water temperature at the bathroom sink in bedroom #307 measured 131.5 degrees Fahrenheit.
On 3-13-2013, the water temperature at the bathroom sink in bedroom #105 measured 122.7 degrees Fahrenheit.

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 water temp controls were adjusted by the maintenance staff on 3-13-2013. A random check of Reed Manor apartments will be done weekly by the Director of Environmental Services/designee for two months and then monthly thereafter.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Bobst, Director of Resident Services* | Date *4-11-13*

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

Violation Report: 44761 -03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2800

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

Western Field Office
Archives and Record Licensing

2a. DESCRIPTION OF VIOLATION

On 3-13-2013, the beds in rooms #21, #307, and #311 did not have a source of light that can be turned on/off from bedside.

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

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

These rooms were corrected on 3-14-2013. See attached photos. The Housekeeping staff was educated on 4-10-2013 to check for operable light sources at the bedside. This will be checked during monthly room cleanings. (See attached monitoring tool.)

and at least weekly as part of their regular duties
By 5/21/13- all direct care staff will be educated on this requirement and to notify housekeeping department if a light becomes inoperable so that it may be addressed and corrected.

[Handwritten signature]

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Brobst, Director of Resident Services* | Date *4-11-13*

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented- Adequate Progress <input type="checkbox"/> Partially Implemented- Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44761 -03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2800

2600.103(1)- Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 3-13-2013, the freezer in the first floor kitchenette in the Reed Terrace section had a temperature of 17 degrees Fahrenheit.

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 refrigerator was removed on 3-14-2013. A new refrigerator has been placed in this area. The third shift staff will check the temperatures weekly for two months and monthly thereafter. (See attached monitoring tool.)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Brobst, Director of Resident Services* | Date *4-11-13*

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11 2013

Violation Report: 44781 -03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600

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

Western Light

2a. DESCRIPTION OF VIOLATION

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

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

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

The municipality's emergency procedures were added to the Emergency Preparedness Binder that has been located in the Center's library and accessible to all residents since the 2012 inspection.

which contained home's procedures.

By 5/2/13 -

The administrator or designee will check the library at least monthly to ensure binder remains posted.

5/2/13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/06/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Bobbst

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

Karen Bobbst, Director of Resident Services

Date

4-11-13

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5/2/13
(Date)

Plan of correction implementation status as of

5/2/13
(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: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2)- The medical evaluation must include the following: (1) through (10)

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 7-30-2012, does not include the resident's use of oxygen.

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 RN coordinator faxed the physician on 4-8-2013. Re: Resident #1's use of oxygen. An addendum was signed and returned on 4-8-2013. (See attached.) The RN Coordinator will audit charts of current residents with oxygen and address the medical evaluation with the physician if needed. Returned medical evaluations will be checked by the Resident Services Coordinator against the list of resident's using oxygen for compliance. Resident #1's RASP did acknowledge the use of oxygen on page 6 (see attached.)

Violation
Withdrawn
7/12/13
OW

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Brobst

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

Karen Brobst, Director of Resident Services

Date 4-11-13

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5/2/13
(Date)

Plan of correction implementation status as of

5/2/13
(Date)

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(Initials)

RECEIVED

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2800 11 2013
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
Resident #3 is prescribed Nitroglycerin tablets 0.4mg 1 tablet every 5 minutes for 3 doses as needed. The home did not have this medication available.

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 nitroglycerin tabs for resident #3 were ordered on 3-14-2013 and received. The 3rd shift nurse will audit all resident meds monthly to ensure prn's are on site. See attached monitoring tool.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Brobst, Director of* Date *4-11-13*

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

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(Date)

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

Plan of correction implementation status as of *5/2/13*
(Date)

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

1-1-2013

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.191-The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

~~Resident #1, #2 and #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.~~

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

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

Residents #1 and #2 were admitted prior to 2005 and signed Residents Rights upon admission (see attachments from Page3). The residents signed the 2005 version on 4-9-2013. Resident #3 did sign an acknowledgment of this right (#10) on attached confirmation sheet on 12-8-2011.

*Violation withdrawn
JW 5/2/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Probst

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

Karen Probst, Director of Resident Services

Date *4-11-13*

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(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44761-03/13/2013- Whitney, Diane
 PCH Name: SARAH A REED RETIREMENT CENTER 11 2013

1. REGULATION 55 Pa.Code §2600
 2600.225(c)- The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The assessment for resident #1, dated 11-7-2012, does not address the resident's use of an enabler.

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 RASP for resident #1 was not updated as resident stated she does not use the bar next to her bed and agreed to its removal. The Resident Services Coordinator will reference the list of residents with enabler bars while checking the RASP's. All current RASP's will be audited by the Resident Services Coordinator and if needed, will be corrected, to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Brobst, Director of Resident Services* | Date *4-11-13*

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Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3's support plan, dated 2-1-2013, did not indicate if the resident participated, refused, or declined to participate in its development, or if the resident refused or was unable to sign the plan.

Resident #4's support plan, dated 2-22-2013, did not indicate if the resident participated, refused, or declined to participate in its development, or if the resident refused or was unable to sign the plan.

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 RASP for resident #3 and resident #4 were corrected on 4-9-2013. See attached. The Resident Services Coordinator will check and highlight this section with all new RASP's effective 4-15-2013. All current RASP's will be audited and, if needed, corrected.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Karen Brobst

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Karen Brobst, Director of Resident Services*

Date

4-11-13

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

The above plan of correction is approved as of

5/2/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

the Plan of correction implementation status as of

5/2/13
(Date)

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

Violation Report: 44761-03/13/2013- Whitney, Diane
PCH Name: SARAH A REED RETIREMENT CENTER

11 2013

1. REGULATION 55 Pa.Code §2600
2600.252- Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The records for residents #1 and #2's do not include a personal inventory.

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.

Resident #1 signed an acknowledgment, (See #12 on attached list), that they received an inventory list and that this list, as described in the regulation, is completed voluntarily by the resident. Resident #2 has been at the Center since 1997. Upon admission in 1997 she was given a copy of the inventory form. (See attached checklist.)

Immediately - The home will document that personal inventory sheets were given to residents. If the list is not completed by the resident, then the home will document this and keep it in the residents' record.

J 5/1/13

Violation withdrawn
JMW 5/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Brobst

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

Karen Brobst, Director of Resident Services

Date 4-11-13

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