



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Cindy Hopkins, Administrator
Cambridge Village Associates
174 Virginia Avenue
Rochester, Pennsylvania 15074

RE: Cambridge Village Personal Care Home
1600 Darlington Road
Beaver Falls, Pennsylvania 15010

Dear Ms. Hopkins:

As a result of the Department of Public Welfare's licensing inspection on March 14, 2013 and March 15, 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.

Your regular license for the period of June 5, 2013 to June 5, 2014 was issued on February 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
 The home manages activity monies for several residents in the home including Resident #1. The home's record of financial transactions for this resident shows cash disbursements of \$1.00 on 11/12/12 and 1/9/13. The home did not obtain a receipt for these disbursements or have the resident sign the transactions form.

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.

① ON 3/18/13 ADMINISTRATOR HAD RESIDENT #1 SIGN THE TRANSACTION FORM FOR THE \$1.00 TIP.
SEE ATTACHMENT #1

② ON 3/18/13 ADMINISTRATOR AND DESIGNATED STAFF REVIEWED ALL RESIDENTS TRANSACTION FORMS
 TO VERIFY THAT ALL DISBURSEMENTS HAD A RECEIPT OR RESIDENT SIGNATURE.

③ PREVENTION: ADMINISTRATOR OR DESIGNATED STAFF WILL DO WEEKLY AUDITS OF DISBURSEMENTS AND
 DOCUMENTATION TO BE KEPT. **SEE ATTACHMENT #2**

④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CINDY HOPKINS	Date 4-16-13
--	---------------------

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u><i>CH</i></u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <i>CHP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 On 3/14/13, the following poisonous materials were found unlocked in bedroom 110:
 -one box of Efferdent denture tabs on the sink in the bathroom
 -one 1.47 oz. tube of Secura protective ointment
 -one 4 oz. tube of A&D ointment
 All labels indicate to call a physician or poison control center if ingested. Resident #2 resides in this bedroom and is assessed as being unable to safely use or avoid poisonous materials.

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.

- ① ON 3/14/13 ALL POISONOUS MATERIALS WERE REMOVED FROM RESIDENT #2'S ROOM. ALL POISONOUS MATERIAL WILL BE KEPT AT NURSES STATION.
- ② ADMINISTRATOR AND DESIGNATED STAFF WENT ROOM TO ROOM CHECKING FOR POISONOUS MATERIALS AND REMOVING THEM.
- ③ ON 3/19/13 LETTERS WERE POSTED THROUGHOUT THE BUILDING REGARDING POISONOUS MATERIALS. SEE ATTACHMENT #3
- ④ ON 3/29/13 A LETTER WAS SENT TO RESPONSIBLE PARTIES REGARDING EFFERDENT, OINTMENTS, POISONOUS MATERIALS. SEE ATTACHMENT #3
- ⑤ ADMINISTRATOR OR DESIGNATED STAFF TO DO RANDOM ROOM CHECKS WEEKLY. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2
- ⑥ ADMINISTRATOR TO REVIEW AUDITS QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST VIRGINIA FIELD OFFICE
 Health Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CINDY HOPKINS	Date 4-16-13
---	---------------------

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

The above plan of correction is approved as of <u>4-23-13</u> (Date)	Plan of correction implementation status as of <u>4-23-13</u> (Date)
The above plan of correction was approved by <u><i>CH</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>CH</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40162 - 03/14/2013 - Williams, Jason
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The front lobby of the home has a gas fireplace which was in operation on 3/15/13. There is a black metal strip measuring 9 inches high by 44 1/2 inches wide above the fireplace opening which has heat vents in it but is not covered by the protective screen in front of the fireplace. The metal vents on this strip measured 172.9 degrees Fahrenheit at 1:35 PM. This presents a potential burn hazard as this strip is within arms reach to residents who are standing directly in front of the fireplace.

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.

① ON 3/21/13 A NEW FIRE SCREEN WAS PURCHASED. THE MEASUREMENT IS 44-1/2" WIDE AND 42-1/4" HIGH TO COMPLETELY COVER THE WHOLE AREA AROUND FIREPLACE AND HEAT VENTS.
 SEE ATTACHMENT #4

② MAINTENANCE TO CONTINUE MONITORING TEMPS WEEKLY AND DOCUMENTATION TO BE KEPT.
 SEE ATTACHMENT #5

③ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE

RECEIVED

APR 18 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/10/2012	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Andy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LINDY HOPKINS	Date 4-16-13
--	---------------------

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

The above plan of correction is approved as of 4-23-13
 (Date)

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

Plan of correction implementation status as of 4-23-13
 (Date)

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

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 On 3/14/13, water accessible to residents was found to be above the maximum safe temperature in the following locations:
 -122.7 degrees Fahrenheit at the bathroom sink in room 225 at 10:40 AM
 -126.8 degrees Fahrenheit at the bathroom sink in room 226 at 10:56 AM
 -127.5 degrees Fahrenheit at the bathroom sink in room 207 at 11:18 AM
 -122.1 degrees Fahrenheit at the sink in the staff lounge at 11:27 AM
 -127.7 degrees Fahrenheit at the bathroom sink in room 128 at 12:10 PM

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

① ON 3/20/13 RENO BROTHERS REPLACED MIXING VALVE AND ADJUSTED WATER TEMPS UNDER 120 DEGREES.
 SEE ATTACHMENT #19
 WATER TEMPS HAVE BEEN RUNNING:
 RM 225----114 DEGREES @ 10:21 A.M.
 RM226----116 DEGREES @ 10:17 A.M.
 RM 207----116 DEGREES @ 10:10 A.M.
 LOUNGE----118 DEGREES @ 10:07 A.M.
 RM 128----110 DEGREES @ 10:29 A.M.

RECEIVED
 APR 18 2013
 WEST VIRGINIA FIELD OFFICE
 HEALTH CARE LICENSING

- ② MAINTENANCE TO DO WEEKLY WATER TEMPS AND REPORT FINDINGS OVER 120 DEGREES F IMMEDIATELY
- ③ TO ADMINISTRATOR. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #6
- ④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **CINDY HOPKINS** Date **4-16-13**

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 3/14/13 at approximately 9:30 AM, there was a 1/4 inch sheet of lint balled up in the compartment of the commercial dryer to the left on the Oxford unit. There were no clothes in the dryer at the time.

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.

- ① LINT WAS REMOVED IMMEDIATELY BY MAINTENANCE.
- ② SIGNS WERE POSTED IN LAUNDRY TO CLEAN LINT AFTER EACH USE/ STAFF TO SIGN OFF ON SHEET THAT IT WAS DONE. SEE ATTACHMENT #7 & #8
- ③ STAFF INSERVICE WAS HELD ON 4/16/13 TO REVIEW POLICY. SEE ATTACHMENT #20
- ④ ADMINISTRATOR OR DESIGNATED STAFF TO AUDIT WEEKLY AND REPORT ANY FINDINGS TO ADMINISTRATOR. SEE ATTACHMENT #2
- ⑤ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **CINDY HOPKINS** Date **4-16-13**

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u><i>CHP</i></u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>CHP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 3/14/13 the home had 76 residents but only had 147.75 gallons of emergency water stored on site. The home has contracted with a bottled water supplier for additional water, however, the contract does not state how much water will be delivered or that the delivery will be a priority in the event of a regional emergency.

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.

① ON 3/14/13 FACILITY PURCHASED 19 CASES OF ADDITIONAL WATER TO EQUAL 240 GALLONS. INSPECTOR CHECKED QUANTITY AND WAS VERIFIED. SEE ATTACHMENT #11

② MARBURGER DAIRY ALSO UPDATED CONTRACT SPECIFYING GALLON AMOUNT (240 GALLONS DAILY) LETTERS GIVEN TO INSPECTOR ON 3/15/13. SEE ATTACHMENT #9 & #10

③ ADMINISTRATOR OR DESIGNATED STAFF TO CHECK 3 DAY SUPPLY OF WATER WEEKLY. DOCUMENTATION WILL BE KEPT. SEE ATTACHMENT #2

④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>4-16-13</i>
--	---------------------

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u><i>CH</i></u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>CH</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted on 10/1/12 and last had a medical evaluation on 2/21/12 which is more than 60 days prior to admission.

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.

① A NEW MEDICAL EVALUATION WAS OBTAINED ON 3/20/13 FOR RESIDENT #2. SEE ATTACHMENT #12

② ADMINISTRATOR OR ADMISSION DIRECTOR TO DOUBLE CHECK ALL MEDICAL EVALUATION ON/PRIOR TO ADMISSION. SEE ATTACHMENT #13A & #13B

③ ADMINISTRATOR OR DESIGNATED STAFF TO AUDIT RESIDENT CHARTS WEEKLY AND DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2

④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

5-30-13 All staff persons involved in the admission of new residents shall be educated on this requirement. Documentation shall be kept as 4-23-13 JHP

RECEIVED

APR 18 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) Cindy Hopkins

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CINDY HOPKINS Date 4-16-13

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u>JHP</u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JHP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 On 3/15/13 the first aid kit in the home's van did not contain antiseptic.

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.

RECEIVED

APR 18 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

① ADMINISTRATOR IMMEDIATELY PUT ANTISEPTIC INTO FIRST AID KIT ON VEHICLE. INSPECTOR PRESENT & VERIFIED.

② ADMINISTRATOR OR DESIGNATED STAFF TO CHECK ALL FIRST AID KITS WEEKLY FOR MANDATORY SUPPLIES AND REPLENISH AS NEEDED. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2

③ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS* Date *4-16-13*

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

The above plan of correction is approved as of 4-23-13
 (Date)

Plan of correction implementation status as of 4-23-13
 (Date)

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

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

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE 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

Resident #3 is prescribed Hydromet Syrup, take 1 teaspoon full every 6 hours as needed for cough. At the time of inspection there was just over 80 ml remaining in the current bottle. However, the home's narcotic count sheet for this medication shows that there should be 140 ml remaining.

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.

① ON 4/16/13 A STAFF INSERVICE WAS HELD TO RE-TRAIN STAFF ON THE IMPORTANCE OF MEASURING LIQUID MEDS AND DOCUMENTING CORRECTLY ON NARCOTIC COUNT SHEET. SEE ATTACHMENT #20

② STAFF TO DO NARC COUNT AND SIGN NARC SHEET THAT COUNT WAS DONE BETWEEN ON COMING SHIFT AND OFF GOING SHIFT. SEE ATTACHMENT #14

③ ADMINISTRATOR OR DESIGNATED STAFF TO DO AUDITS WEEKLY AND DOCUMENTATION TO BE KEPT. SEE ATTACHMENT # 2

④ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/10/2012	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative (Required on EVERY Page) *Lindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LINDY HOPKINS* Date *4-16-13*

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

The above plan of correction is approved as of 4-23-13
 (Date)

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

Plan of correction implementation status as of 4-23-13
 (Date)

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

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

-Resident #4, admitted to the SDCU on 11/26/12, had a medical evaluation on 11/14/12 that did not document the resident's need for SDCU care.
 -Resident #5, admitted to the SDCU on 12/14/12, had his/her last medical evaluation on 6/24/12 which is more than 60 days prior to admission.

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.

① ON 1/8/13 RESIDENT #4 WAS TRANSFERRED FROM SDCU TO A REGULAR UNIT. A NEW DME & SUPPORT PLAN WERE COMPLETED. SEE ATTACHMENT #15 & #16

② A NEW DME WAS OBTAINED ON 3/20/13 FOR RESIDENT #5. SEE ATTACHMENT #17

③ ADMINISTRATOR OR ADMISSION DIRECTOR TO DOUBLE CHECK ALL MEDICAL EVALUATIONS ON/PRIOR TO ADMISSION. CHECK OFF SHEET WILL BE USED TO ASSIST WITH COMPLIANCE. SEE ATTACHMENT #13A & 13B

④ ADMINISTRATOR OR DESIGNATED STAFF TO AUDIT RESIDENTS CHARTS WEEKLY AND DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2

⑤ ADMINISTRATOR TO MONITOR WEEKLY AND REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lindy Hopkins* Date *4-16-13*

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

The above plan of correction is approved as of <u>4-23-13</u> (Date)	Plan of correction implementation status as of <u>4-23-13</u> (Date)
The above plan of correction was approved by <u><i>LHP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 -Resident #4 was admitted to the SDCU on 11/26/12. The preadmission screening was completed on 11/20/12 with the cognitive assessment portion being completed on 11/14/12 which is more than 72 hours prior to the resident's admission.
 -Resident #6 was admitted to the SDCU on 9/20/12. The resident did not have a cognitive prescreening completed by a physician or geriatric assessment team.

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.

- ① ON 1/8/13 RESIDENT #4 WAS TRANSFERRED FROM SDCU TO A REGULAR UNIT. A NEW DME & SUPPORT PLAN WERE COMPLETED. SEE ATTACHMENT #15 & #16
- ② ON 3/14/13 A NEW COGNITIVE SCREENING WAS COMPLETED FOR RESIDENT #6. SEE ATTACHMENT #18
- ③ ADMINISTRATOR OR ADMISSION DIRECTOR TO DOUBLE CHECK ALL DME'S/COGNITIVE SCREENINGS ON/PRIOR TO ADMISSION. CHECK OFF SHEET WILL BE USED TO ASSIST WITH COMPLIANCE. SEE ATTACHMENT #13A & 13B
- ④ ADMINISTRATOR AND ADMISSION DIRECTOR REVIEWED ALL CHARTS IN SDCU FOR COMPLIANCE WITH REGULATION OF DME'S/COGNITIVE SCREENINGS. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2
- ⑤ ADMINISTRATOR OR ADMISSION DIRECTOR TO AUDIT CHARTS WEEKLY AND DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2
- ⑥ ADMINISTRATOR TO MONITOR WEEKLY AND REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>4-16-13</i>
--	---------------------

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

The above plan of correction is approved as of <u>4-23-13</u> (Date) The above plan of correction was approved by <u><i>CHP</i></u> (Initials)	Plan of correction implementation status as of <u>4-23-13</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	--

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the SDCU on 12/14/12. The home's progress notes indicate that on 12/22/12 and 12/23/12 the resident was physically aggressive with staff including taking swings at aides, throwing things and grabbing staff by the back of the hair and slamming the staff person into the wall. The resident was subsequently hospitalized at Ellwood Hospital behavioral unit. The home did not update the resident's support plan, dated 12/14/12, to include these behaviors. Under the sections for irritability and aggression, the home documents that the resident has no problems.

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.

① ON 3/20/13 A NEW DME AND SUPPORT PLAN WERE DONE REFLECTING AGGRESSIVE BEHAVIORS WITH STAFF
 SEE ATTACHMENT #17

② ADMINISTRATOR OR DESIGNATED STAFF TO DO WEEKLY AUDITS AND UPDATE BEHAVIORS AS NEEDED FOR
 COMPLIANCE. SEE ATTACHMENT #2

③ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE MEETING TO MAINTAIN COMPLIANCE.

④ 6-10-13 Administrator or designated staff person will review all current resident records from the SDCU, to ensure all support plans accurately reflect the resident's behaviors. 4-23-13 JHP

RECEIVED

APR 18 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CINDY HOPKINS* Date *4-16-13*

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

The above plan of correction is approved as of <u>4-23-13</u> (Date)	Plan of correction implementation status as of <u>4-23-13</u> (Date)
The above plan of correction was approved by <u><i>JHP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40162 - 03/14/2013 - Williams, Jason
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 -The medication administration record (MAR) for Resident #7 lists Aricept 23 mg, take 1 tab by mouth at bedtime for Alzheimers Disease. The box for the 3/7/12 administration at 9:00 PM show that the original initials entered are completely crossed out with "Err" written above. The original entry is not legible.
 -The medical evaluation for Resident #2 shows the date that the resident was evaluated as 2/21/12 which is heavily written over the original date which is no longer legible.

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.

- ① INSERVICE WAS HELD ON 4/16/13 TO RE-EDUCATE STAFF ON THE PROPER WAY TO VOID ERRORS AND MAKE CORRECTIONS ON MARS. SEE ATTACHMENT #20
- ② ADMINISTRATOR OR DESIGNATED STAFF TO AUDIT MARS WEEKLY AND TO EDUCATE STAFF ACCORDINGLY. DOCUMENTATION TO BE KEPT. SEE ATTACHMENT #2
- ③ ADMINISTRATOR TO REVIEW QUARTERLY AT QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

RECEIVED
 APR 18 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Hopkins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS</i>	Date <i>4-16-13</i>
--	---------------------

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

The above plan of correction is approved as of <u>4-23-13</u> (Date)	Plan of correction implementation status as of <u>4-23-13</u> (Date)
The above plan of correction was approved by <u><i>CH</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented