



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. John D. Dougherty, Administrator  
Ms. Kathleen Dougherty, Administrator  
Washington Manor Personal Care Home, LLC  
Washington Manor Personal Care Home  
P.O. Box 1935, 320 South Washington Street  
Butler, Pennsylvania 16003

Dear Mr. and Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on May 3, 2013, May 9, 2013, July 15, 2013 and August 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 Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 2, 2013 to July 2, 2014 was issued on March 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be "R Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosure  
Licensing Inspection Summary

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 448630
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: Kathy Daugherty	WEST REGION FIELD OFFICE Human Contact Licensing	Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
<b>Certificate(s) of Occupancy</b>		
LP 07/24/1985 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/03/2013: Garrigan, Laurie; Marini, Michael 05/09/2013: Garrigan, Laurie; Marini, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 25 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 8 Have Mental Illness: 25 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 2 2013

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home provides financial management services for residents including residents # 6, #13 and #14; however, the home does not provide a quarterly account of financial transactions to the residents.

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

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

2600.20(b)(8) - 2600.20(a)(b)1-10:

The home has been keeping the financial records but was not providing a copy of the residents' quarterly transactions. On 05-09-13 all residents plus residents # 6, #13 and #14 were given quarterly copies. On July 2, 2013 all residents were provided their quarterly reports for Quarter 2 of 2013. In the future, plus already currently, administrator [redacted] will directly provide each resident with their report as done on 07-02-13.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 07-03-13

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

The above plan of correction is approved as of 8/5/13 (Date)

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

Plan of correction implementation status as of 8/5/13 (Date)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 13 2013

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

WEST REGION FIELD OFFICE  
1100 State Street  
Pittsburgh, PA 15222

2a. DESCRIPTION OF VIOLATION

On 5/3/13, the home's first aid kit did not include scissors.

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.

2600.96(a) - On the date of inspection the scissors had been removed from the first aid kit but all other items were present. Scissors were placed back in the kit while inspectors were present. To ensure this violation does not occur again the first aid kit has been added to the physical site checklist to be ~~completed~~ completed daily. The physical site checklist is to be completed by manager, [redacted] and/or the administrators [redacted]

By 9/5/13 - All staff persons will be educated on the need to maintain proper first aid kit contents in the first aid kit and on the location of the first aid kit. Documentation of training will be kept. ms 9/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*      Date *07-03-13*

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The above plan of correction is approved as of 8/5/13 (Date)

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

Plan of correction implementation status as of 8/5/13 (Date)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

JUL 10 2013  
 WEST BERNARD UNIVERSITY  
 Human Services Building

2a. DESCRIPTION OF VIOLATION  
 On 5/9/13, there was no mirror in bedroom #13.

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.

2600.101(j)(6) - On the date of inspection a mirror was taken from the storage area and placed in bedroom #13 with the inspector present. To ensure this violation doesn't occur again "mirrors" has been added to the physical site checklist which is completed daily by manager, [redacted] or administrators ([redacted]).

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*      Date *07/03/13*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 8/5/13  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *ms*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

WEST PENNSYLVANIA DEPARTMENT OF  
HUMAN SERVICES TRAINING

2a. DESCRIPTION OF VIOLATION

On 5/3/13 at 10:05 am, a twelve-pack of Wild Cherry Pepsi and a twelve-pack of Diet Light Cola were stored on the floor in the pantry.

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.

2600.103(d) - The canned items referred to in the description of violations the home did not consider as food but sealed beverages in containers stored in a safe, dry area. To comply with this violation canned soda beverages are already being placed on the shelves since the inspection date. To ensure this doesn't occur again manager, [redacted], and both administrators ([redacted]) will always place beverages on the shelves with food items.

By 9/5/13 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe-food storage temperatures. Documentation of training will be kept.  
By 9/5/13 - A designated staff person will check the home at least daily to ensure food is stored off the floor. MS 8/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date 07-03-13

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(Date)

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(Date)

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

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - 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 5/3/13 at 10:09 am, the upright freezer by the kitchen table was 10 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.

2600.103(f) - The home has already had thermometers in all refrigerators / freezers for years plus a daily system/chart where all temperatures are checked and recorded. On the date of the inspection employee, [redacted] during the 11pm-7am shift wrote on the chart a reading of 0°F for the above freezer. Upon checking the freezer after the inspection administrator, [redacted] found that the setting was not at the proper point to achieve 0°F. Staff has been directed that only manager, [redacted] and/or administrator ([redacted]) are to record the refrigerator / freezer temperatures.

Immediately - The exact temperature reading will be recorded on the log of temperatures for freezers/refrigerators.

By 9/5/13 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of training will be kept. ms 8/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty      Date 07-03-13

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Plan of correction implementation status as of 8/5/13 (Date)

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

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

JUL 11 2013

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

2a. DESCRIPTION OF VIOLATION

On 5/3/13 at 9:15 am, the panic bar on the door from the first floor emergency exit to the side of the building was jammed. An agent of the Department was unable to open the door.

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.

2600.121(a) - On April 30, 2013 fire chief [redacted] completed his annual inspection of the facility. On May 3, 2013 DPW inspectors arrived to conduct the annual inspections and found the panic bar to be difficult to operate. Fire chief, [redacted], came to the care home immediately on 05-03-13, lubricated the panic bar and in front of manager, [redacted] and both DPW inspectors showed that the bar was working perfectly in his professional opinion. I, [redacted] as administrator believe this citation is unfair and incorrect. Washington Manor only 3 days prior had the fire chief inspect the facility and all was fine. In addition the chief did a lubrication to the panic bar on 05-03-13.

By 8/5/13 - the administrator or designated staff person will monitor the home at least weekly to ensure stairways, hallways, doorways, passageways, and egress routes from rooms and from the building are unlocked and unobstructed and doors are easily opened. MS 8/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 07-03-13

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8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

The above plan of correction was approved by

MS  
(Initials)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

JUL 11 2013  
 WEST REGION FIRE OFFICE  
 Human Services Building

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the Front/Side exit was used for the following fire drills:

- \* 12/21/12 at 09:00 am
- \* 01/18/13 at 02:00 pm
- \* 01/30/13 at 05:30 pm
- \* 02/08/13 at 04:00 pm
- \* 02/20/13 at 08:00 pm
- \* 03/28/13 at 11:00 am

The home's fire drill record indicates the Front/Smoking Room exit was used for the following fire drills:

- \* 09/21/12 at 06:10 pm
- \* 10/20/12 at 09:00 pm
- \* 11/03/12 at 12:15 am
- \* 11/26/12 at 01:00 pm
- \* 12/08/12 at 11:45 pm

The home's fire drill record indicates the Front/Stairs exit was used for the following fire drills:

- \* 05/22/12 at 09:30 am
- \* 06/08/12 at 10:30 am
- \* 07/09/12 at 01:00 pm
- \* 07/22/12 at 12:00 am
- \* 08/22/12 at 01:30 am
- \* 08/25/12 at 02:46 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.

see page 8A of 22

2600.132(f) - ~~the home~~ The home has been conducting fire drills on a regular basis and at all times of the day/night. Now we will also focus at various times on drills practicing alternate routes in case an exit is unusable due to fire etc. Drills are always conducted by manager, [redacted] and administrator, [redacted]

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*      Date *07-03-13*

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The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.132(f) - Alternate exit routes shall be used during fire drills.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill record indicates the Front/Side exit was used for the following fire drills:

- \* 12/21/12 at 09:00 am
- \* 01/18/13 at 02:00 pm
- \* 01/30/13 at 05:30 pm
- \* 02/08/13 at 04:00 pm
- \* 02/20/13 at 08:00 pm
- \* 03/28/13 at 11:00 am

The home's fire drill record indicates the Front/Smoking Room exit was used for the following fire drills:

- \* 09/21/12 at 06:10 pm
- \* 10/20/12 at 09:00 pm
- \* 11/03/12 at 12:15 am
- \* 11/26/12 at 01:00 pm
- \* 12/08/12 at 11:45 pm

The home's fire drill record indicates the Front/Stairs exit was used for the following fire drills:

- \* 05/22/12 at 09:30 am
- \* 06/08/12 at 10:30 am
- \* 07/09/12 at 01:00 pm
- \* 07/22/12 at 12:00 am
- \* 08/22/12 at 01:30 am
- \* 08/25/12 at 02:46 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.*

By 9/5/13 - The administrator will monitor fire drills and the fire drill record monthly to ensure alternate exits are used during fire drills.

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 07-15-13

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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)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600  
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word EXIT in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There was no exit sign over the exit door in the stairwell that was formerly used as the smoking room. On 5/3/13 the home served 25 residents.

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

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

2600.133 (a)(1) - Signs that read "exit" in the areas described in the "description of violation" had been removed when the walls were being painted and not placed back in their spots afterwards. Administrator, [redacted], will personally check that exit signs are always in place since he handles all maintenance of the facility. The signs were quickly found after the inspection and placed where they belong.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*      Date *07-03-13*

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(Date)

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(Initials)

Plan of correction implementation status as of 8/5/13  
(Date)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Huron, South Carolina

1. REGULATION 55 Pa.Code §2600  
2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION  
The area outside the stairwell that was formerly used as the smoking room did not have a direct visual line to the nearest exit. There were no signs marking the line of travel to the exit. On 5/3/13 the home served 25 residents.

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

2600.133(a)(2) - signs that read "exit" in the areas described in the "description of violation" had been removed when the walls were being painted and not placed back in their spots afterwards. Administrator, [redacted], will personally check that exit signs are always in place since he handles all maintenance of the facility. The signs were quickly found after the inspection and placed where they belong.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*      Date *07-03-13*

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(Date)

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(Initials)

Plan of correction implementation status as of 8/5/13  
(Date)

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 13 2013

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

WEST REGIONAL HEALTH SERVICE  
Human Services Division

2a. DESCRIPTION OF VIOLATION

On 5/3/13, Gabapentin 600, mg- take 1 tablet three times a day prescribed for resident #1 was located in a cupboard in the laundry room. Resident #1 was discharged from the home on 8/4/10.

On 5/3/13, the following medications prescribed for resident #2 were located in a cupboard in the laundry room:

- Oyster Shell Calcium 500 mg take 1 tablet once a day
- Amlodipine 5 mg take 1 tablet once a day
- Tamulosin 0.4 mg take 2 tablets once a day
- Vitamin B-12 500 mcg take one tablet once a day
- Senexon take 1 tablet twice a day
- Citalopram 20 mg take 1 tablet once a day
- Clozapine 100 mg take 3 tablets every night at bed time
- Doxycycline 100 mg take 1 tablet twice a day for 10 days

Resident #2 was discharged from the home on 11/23/12.

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

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

2600.183(d) - Manager, [redacted], has been placed in charge of leftover/left behind medications with administrator, [redacted] to ensure that medications are disposed of properly and promptly and this violation does not occur again we've taken the advice of DPW inspector [redacted]. Cat litter, bleach and a coffee can have been purchased and marked specifically for med. disposal since the inspection. Immediately - All discontinued and expired medications and those present for residents who no longer reside in the facility shall be destroyed in a safe manner according to DEP and Federal and State regulations. By 7/5/13 - the administrator or designated staff person will conduct an initial and monthly check of resident

Repeat Violation: No	Date(s) of Previous Violation(s):		*See below
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-03-13*

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

The above plan of correction is approved as of 7/1/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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

\* prescriptions, medication, and medication administration records to ensure no discontinued or expired medications are present in the home. MS 8/5/13

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 11 2013

**1. REGULATION 55 Pa.Code §2600**  
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**  
On 5/3/13, expired medications for the following residents were located in a cupboard in the laundry room:

- \* Resident #6
  - Divalproex ER 500 mg      expired 3/28/12
  - Trazodone HCL 100 mg    expired 3/9/13
  
- \* Resident #7
  - Fluoxetine HCl 40 mg      expired 3/21/13
  - Olanzapine 20 mg          expired 3/21/13
  - Warfarin Sodium 7.5 mg    expired 6/15/12
  - Warfarin Sodium 7.5 mg    expired 4/14/12
  - Warfarin Sodium 7.5 mg    expired 11/1/12
  - Warfarin Sodium 10 mg     expired 11/1/12
  - Warfarin Sodium 10 mg     expired 5/16/12
  - Lorazepam 0.5 mg          expired 3/21/13
  
- \* Resident #5
  - Aspirin EC 81 mg          expired 12/8/12
  - Omeprazole 20 mg         expired 12/4/12
  - Omeprazole 20 mg         expired March 2013
  
- \* Resident #8
  - Benazepril HCl 10 mg      expired 1/29/13
  
- \* Resident #9
  - Olanzapine 5 mg            expired March 2013
  
- \* Resident #10
  - Certagen tablets            expired 2/14/12
  - Potassium Chloride 10 mEq expired 8/12/11
  - Benzotropine 2 mg         expired 2/7/12
  - Folic Acid 1 mg             expired 2/7/12
  - Primidone 250 mg          expired 12/14/11
  
- \* Resident #4
  - Naproxen 500 mg            expired 11/17/12
  - Clonazepam 1 mg            expired 4/21/12
  
- \*Resident #11
  - Carbamazepine XR 200 mg   expired 8/30/12

See page 12A of 22

**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.  
*Plan of correction is same as prior page where manager/administrator will use cat litter, bleach & coffee can as directed to destroy*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Date *07-03-13*

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

On 5/3/13, expired medications for the following residents were located in a cupboard in the laundry room:

- \* Resident #6
  - Divalproex ER 500 mg      expired 3/28/12
  - Trazodone HCL 100 mg      expired 3/9/13
  
- \* Resident #7
  - Fluoxetine HCl 40 mg      expired 3/21/13
  - Olanzapine 20 mg      expired 3/21/13
  - Warfarin Sodium 7.5 mg      expired 6/15/12
  - Warfarin Sodium 7.5 mg      expired 4/14/12
  - Warfarin Sodium 7.5 mg      expired 11/1/12
  - Warfarin Sodium 10 mg      expired 11/1/12
  - Warfarin Sodium 10 mg      expired 5/16/12
  - Lorazepam 0.5 mg      expired 3/21/13
  
- \* Resident #5
  - Aspirin EC 81 mg      expired 12/8/12
  - Omeprazole 20 mg      expired 12/4/12
  - Omeprazole 20 mg      expired March 2013
  
- \* Resident #8
  - Benazepril HCl 10 mg      expired 1/29/13
  
- \* Resident #9
  - Olanzapine 5 mg      expired March 2013
  
- \* Resident #10
  - Certagen tablets      expired 2/14/12
  - Potassium Chloride 10 mEq      expired 8/12/11
  - Benzotropine 2 mg      expired 2/7/12
  - Folic Acid 1 mg      expired 2/7/12
  - Primidone 250 mg      expired 12/14/11
  
- \* Resident #4
  - Naproxen 500 mg      expired 11/17/12
  - Clonazepam 1 mg      expired 4/21/12
  
- \*Resident #11
  - Carbamazepine XR 200 mg      expired 8/30/12

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

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

By 8/30/13 - The administrator or designated staff person will conduct an initial and monthly check of resident prescriptions, medications, and medication administration records to ensure no discontinued or expired medications are present in the home.

*Immediately - All discontinued and expired medications and those present for residents who no longer reside in the facility shall be destroyed in a safe manner according to DEP and Federal and State regulations.*

Repeat Violation: No	Date(s) of Previous Violation(s):		regulations was 8/5/13
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Signature of Legal Entity Representative (Required on EVERY Page) *John Douglas* 07-15-13

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie

JUL 2013

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

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

The above plan of correction is approved as of 8/5/13  
(Date)

Plan of correction implementation status as of 8/5/13  
(Date)

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

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The bottle of Fluticansone nasal spray belonging to resident #6 was not labeled with the resident's name, the date the prescription was issued or the name and title of the prescriber.

Resident #6 is prescribed Omeprazole, 20 mg - take 2 capsules (40 mg) once a day. However, the label on the bottle indicates Omeprazole, 40 mg - take 1 capsule every day.

Resident # 6 is prescribed Risperidone, 2 mg - take 1 and 1/2 tablets (3 mg) every morning and Risperidone, 2 mg - take 1 tablet every evening. However, the label on the bottle indicates Risperidone, 1 mg - take 3 tablets every morning and 2 tablets every evening.

Resident #12 is prescribed Spironolactone, 25, mg - take 1/2 tab (12.5 mg) once a day. However, the label on the bottle indicates Spironolactone, 25 mg - take 1 tablet every day.

Resident #12 is prescribed Hydralazine, 50 mg- take 1 tablet 3 times a day. However, the label on the bottle indicates Hydralazine, 50 mg - take 1 tablet every 12 hours.

Resident #13 is prescribed Albuterol 0.83 mg ml solution -1 unit via nebulizer every 3 hours as needed. However, the label on the bottle indicates Albuterol 0.5/3 mg solution -1 unit via nebulizer 4 times a day.

(Observed 5/9/13)

**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 page 14A of 22.

*Immediately after inspection Resident #6's medication sheet was faxed by the VA then sent to Mission Pharmacy to correct on the MAR. Resident #12's bottles were reordered and labels corrected; resident #13 was reordered to correct dosage. Since inspection manager, [redacted], has solely handled all med orders and delivery inspections to ensure this violation does not occur again*

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*      Date *07-03-13*

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

The above plan of correction is approved as of 8/5/13 (Date)

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

Plan of correction implementation status as of 8/5/13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress *MS*

Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The bottle of Fluticansone nasal spray belonging to resident #6 was not labeled with the resident's name, the date the prescription was issued or the name and title of the prescriber.

Resident #6 is prescribed Omeprazole, 20 mg - take 2 capsules (40 mg) once a day. However, the label on the bottle indicates Omeprazole, 40 mg - take 1 capsule every day.

Resident # 6 is prescribed Risperidone, 2 mg - take 1 and 1/2 tablets (3 mg) every morning and Risperidone, 2 mg - take 1 tablet every evening. However, the label on the bottle indicates Risperidone, 1 mg - take 3 tablets every morning and 2 tablets every evening.

Resident #12 is prescribed Spironolactone, 25, mg - take 1/2 tab (12.5 mg) once a day. However, the label on the bottle indicates Spironolactone, 25 mg - take 1 tablet every day.

Resident #12 is prescribed Hydralazine, 50 mg- take 1 tablet 3 times a day. However, the label on the bottle indicates Hydralazine, 50 mg - take 1 tablet every 12 hours.

Resident #13 is prescribed Albuterol 0.83 mg ml solution -1 unit via nebulizer every 3 hours as needed. However, the label on the bottle indicates Albuterol 0.5/3 mg solution -1 unit via nebulizer 4 times a day.

(Observed 5/9/13)

**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.

By 9/5/13 - The administrator or designated staff person will conduct an initial and monthly check of resident prescriptions and medications to ensure pharmacy labels are accurate and contain all the required information of 2600.184(a) including the prescribed dosage.

*By 9/5/13 - All staff involved in medication administration will be educated regarding labeling of medications according to 2600.184(a). Documentation will be kept. ms 8/5/13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>John D. Doyles</i>	07-15-13

**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)	<input 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: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 2013

WEST REGIONAL HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

On 5/3/13, a sample bottle of Zyprexa, 5 mg, belonging to resident #15 was located in a laundry room cupboard to the right of the entrance. There was no documentation from the prescriber of the date the prescription was issued, instructions for administration, the name and title of the prescriber or the resident's name.

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.

2600.184(c) - The medication that belonged to resident #15 was provided by [redacted] as a sample bottle since the resident's insurance refused to pay for it. To ensure this doesn't occur again in the future no sample medications will be permitted in the care home unless labeled correctly. Manager, [redacted], and Administrator, [redacted], have contacted [redacted] and informed them that labels must be provided and both will check all future sample medications to make certain proper labels are present.

By 9/5/13 - the administrator or designated staff person will conduct an initial and monthly check of resident prescriptions and medications, including sample prescription medications, to ensure pharmacy labels are accurate and contain all the required information of 2600.184(a) including instructions for administration. ms 8/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 07-03-13

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress w/S
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

On 5/9/13, the following prescribed medications were not available in the home:

Resident #6's Saline Nasal Spray 0.65%- instill 1 spray in each nostril once a day

Resident #11:

- \* Diphenhydramine, 25 mg - take 2 capsules (50 mg) at bedtime as needed
- \* Hydrocod/APAP 5/325 mg- take 1 tablet every 8-12 hours as needed
- \* Hydroxyzine HCL, 25 mg- take 1 tablet three times a day as needed

Resident #12:

- \* Polyethylene Glycol Powder- mix 17 gm in liquid and take by mouth daily
- \* Multivitamin-take 1 tablet once a day
- \* Acetaminophen, 325- take 2 tablets (650 mg) every 4 hours as needed

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 page 16A of 22*
- \* Resident #6 receives his nasal spray by mail from the VA, it was ordered but had not arrived as of 05-03-13. We cannot order but simply call it in and the VA sends it out when they deem necessary. We don't agree with this violation.
  - \* Resident 11's medications had been discontinued as of the inspection date. A fax from Dr. [redacted] was received 05/10/13 confirming this and sent to DPW.
  - \* Resident #12 - resisted/refused to see his VA doctor so the VA would not send his medications. Finally saw his doctor in May and received meds.

To ensure no future violation manager, [redacted], and adm, [redacted] will review MAR for accuracy and 30 day notices given to residents that refuse to visit their physician.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/15/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John D. Dougherty</i>	Date <i>07-03-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>WS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**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**

On 5/9/13, the following prescribed medications were not available in the home:

Resident #6's Saline Nasal Spray 0.65%- instill 1 spray in each nostril once a day

Resident #11:

- \* Diphenhydramine, 25 mg - take 2 capsules (50 mg) at bedtime as needed
- \* Hydrocod/APAP 5/325 mg- take 1 tablet every 8-12 hours as needed
- \* Hydroxyzine HCL, 25 mg- take 1 tablet three times a day as needed

Resident #12:

- \* Polyethylene Glycol Powder- mix 17 gm in liquid and take by mouth daily
- \* Multivitamin-take 1 tablet once a day
- \* Acetaminophen, 325- take 2 tablets (650 mg) every 4 hours as needed

**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.*

By 5/13 - The administrator or designated staff person will conduct a check of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure prescribed medications are available in the home, including PRN medications.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/15/2012		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 07-15-13
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**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)	<input 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: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

On 4/1/13, the home changed their medication packaging system from a blister pack system to a unit dose strip medication system. The home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment do not include the following:

- \* Documentation of receipt of controlled substances and prescription medications
- \* A process to investigate and account for missing medications and medication errors

**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.

Washington Manor has no idea what this violation is and no DPW inspector was in our facility on 04-01-13. We haven't changed our packaging system since Mission Pharmacy computerized our MAR in February 2012 plus we've had in place for years a controlled substance log. We believe this violation was written in error and relates to another facility. We have no plan of corrections for the above as a result.

on 7/5/13 - A policy was developed to include documentation of receipt of controlled substances and prescription medications and a process to investigate and account for missing medications and medication errors. By 9/5/13 - All staff administering medications will be educated & see below

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **John D. Dougherty**      Date **07-03-13**

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

The above plan of correction is approved as of 8/5/13 (Date)

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

Plan of correction implementation status as of 8/5/13 (Date)

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

\* on the revised policy and procedures for the safe storage, access, security, distribution and use of medications to include disposal of medications. *MS 7/5/13*

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Resident #6 is ordered Ibuprofen, 600 mg-take one tablet twice a day; however, this medication is not included in the resident's May 2013 medication administration record.

**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 #6 did not have on his Mission Pharmacy MAR the ibuprofen listed, this was corrected and a fax sent on 05-20-13 to DPW - see Resident #6 fax included after page 14.*

*Manager, [redacted], and administrator, [redacted], have already been reviewing the MAR weekly to check for mistakes to not have a recurring violation.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John D. Dougherty*

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

*John D. Dougherty*

Date *07-03-13*

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

The above plan of correction is approved as of 8/5/13  
 (Date)

Plan of correction implementation status as of 8/5/13  
 (Date)

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

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

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #12 is prescribed Carvedilol, 6.25 mg- take 1 tablet by mouth twice a day. However, the label on the bottle indicates Carvedilol, 25 mg- take 1 tablet by mouth twice a day. Also, staff person A reported the resident is getting 1/2 of the 25 mg tablet one time a day, administered on a regular basis.

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 #12's medications were sent after he saw a VA doctor in May. Resident #12 was refusing to see a physician prior to the inspection date. DPW inspector, [redacted] suggested the best way to deal with a difficult situation such as this is to give the resident a 30 day notice. We have followed the DPW's advice and made it our policy to give a 30 day notice to resident's that refuse to see their physician and get needed medications. This we hope will stop future violations and will be enforced by administrators - [redacted]. Resident #12 is no longer at Washington Manor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John D. Dougherty</i>	Date <i>07-03-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

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 #14, admitted on 2/20/13, has 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.

On 05/03/13 resident #14 did sign his right to refuse medication while DPW inspectors were present. To ensure this doesn't happen in the future the administrators/manager have already added the "right to refuse medication form" to the applicant contract packet.

Administrators - [Redacted]  
 Manager - [Redacted]

By 8/5/13 - the administrator or designated staff person will review all current residents records to ensure there is documentation that each resident has been educated on the right to refuse a medication if the resident believes there may be a medication error. ms 8/5/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/15/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-03-13*

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

The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ms <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**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**

A significant health change medical evaluation was completed for resident #11 on 11/2/12 due to diagnoses of pneumonia and breast cancer. However, a significant change assessment was not completed at this time. Resident #11's most current assessment is dated 5/1/12.

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

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

• Support plan was updated immediately after the inspection for resident #11 (copy included).  
 To ensure this violation doesn't occur again administrator, [redacted], and Manager, [redacted] will conduct a monthly review of support plans to make any necessary changes if applicable.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date

07-03-13

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The above plan of correction is approved as of

8/5/13  
 (Date)

Plan of correction implementation status as of

8/5/13  
 (Date)

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

The above plan of correction was approved by

MS  
 (Initials)

Violation Report: 44863 - 05/03/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGIONAL OFFICE  
Human Services Branching

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident's 11's, support plan, dated 5/1/12, does not address the resident's needs relating to diagnoses of cerebral palsy, mood disorder and anemia as indicated on the medical evaluation, dated 11/12/12.

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

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

Support plan on 05/13/13 for resident # 11 is attached addressing this violation/correction.

Administrator, [redacted], and Manager, [redacted], [redacted], already are conducting monthly reviews of support plans to avoid future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date 07-03-13

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

The above plan of correction is approved as of

8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: John Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> Other 07/24/1985 Labor and Industry		JUL 29 2013  <b>WEST REGION FIELD OFFICE</b> Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/15/2013: Garrigan, Laurie; Mazza, Larry		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25  Number of Residents Served: 24  Secured Dementia Care Unit in Home: No  Area:  Secured Dementia Unit Capacity, if Applicable:  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 0  Number of Hospice Residents In past year: 0	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 24  Are 60 Years of Age or Older: 7  Have Mental Illness: 24  Have an Intellectual Disability: 3  Have a Mobility Need: 0  Have a Physical Disability: 0	

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600  
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

In the pantry next to the office, the following food items were stored on the floor:

- \* 12-8 ounce cans of soup
- \* 12-19 ounce cans of soup
- \* 32 bottles of sparkling water
- \* 2-10 pound bags of potatoes

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WEST REGION FIELD OFFICE  
 Human Services Licensing

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. By 9/5/13 - All staff persons will be educated on the need to store food off the floor. ms 7/5/13

During the inspection in May 2013 the manager thought that this violation only applied to the kitchen pantry that was cited. On July 15, 2013 during the inspection the above items were placed on the shelves with the inspector overseeing. The administrator now will make certain that all items are placed on the storage shelves and remove this responsibility from the manager and staff. In August's staff meeting this issue will be discussed with all staff. Meeting: Wed August 14th scheduled. By 9/5/13 - A designated staff person will check the home at least daily to ensure food is stored off the floor. ms 7/5/13

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John D. Dougherty*

Date *07-29-13*

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

The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The following medications for residents who are not current residents in the home, were located in a cupboard in the laundry room:

- \* 1 bottle of Neo/Polymyxin/HC ear drops for resident #3
- \* 1 can of Metamucil for resident #7
- \* 1 monthly pill box with 8 days of medication for resident #8

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. Immediately - All of continued and expired medications and those present for residents who no longer reside in the facility shall be destroyed in a safe manner according to DEP and Federal and State regulations. ms 7/30/13

Administrator was informed by manager that all medications found during May's inspection were destroyed with the male inspector present. On July 15th during the inspection administrator discovered all medications were not destroyed as previously informed. Administrator destroyed medications on July 15th with inspectors present. Administrator has removed manager from medication oversight and is handling all medication disposal. Staff will be directed on this issue and proper med disposal procedures in the August 15th meeting. By 7/30/13 - The administrator or designated staff person will conduct an initial and monthly check of resident prescriptions, medication and medication administration records to ensure no

Repeat Violation: No      Date(s) of Previous Violation(s):      \* See below

Signature of Legal Entity Representative (Required on EVERY Page) *John Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty*      Date *07-29-13*

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

The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

\* discontinued or expired medications are present in the home. ms 8/5/13

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 29 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The following expired medications were located in the cupboard in the laundry room:

Resident #1

\* 1 bottle of Centrum Ultra Womens Vitamin, expired 7/12

Resident #2

\* 1 bottle of Natural Fiber Laxative, expired 8/12

Resident #3

\* 1 bottle of Neo/polymyxin/HC ear drops, expired 8/12

Resident #4

\* 1 bottle of Neo/polymyxin/HC ear drops, expired 8/12

Not labeled with a resident's name:

\* 1 bottle of Arthritis Pain Relief containing 3 pills, expired 10/09

\* 1 bottle of Bufferin 325 mg, expired 10/12

The following expired medications were located in the right side of the medication cart:

Resident #1:

\* 1 can of Tinactin Antifungal Liquid Spray, expired 11/10 - (This medication is no longer ordered for the resident)

\* 1 box of Bufferin 325 mg, expired 4/13

\* 1 tube of Hydrocortisone 1% cream, expired 6/09 - (This medication is no longer ordered for the resident)

Resident #5

\* 1 bottle of DG Aspirin 325 mg, expired 12/12

Resident #6

\* 1 tube Betamethasone Valerate Cream 0.1 %, expired 4/13

Immediately - All discontinued and expired medications and those present for residents who no longer reside in the facility shall be destroyed in a safe manner according to DEP and Federal and State regulations. By 7/30/13 - The administrator or designated staff person will conduct an initial and monthly check of resident prescriptions, medications and medication administration records to ensure. See below

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. Administrator overseeing all medications, Manager removed from this duty. Monthly audit scheduled in August with pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John Dougherty*

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

John Dougherty

Date 07-29-13

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The above plan of correction is approved as of 8/5/13  
(Date)

Plan of correction implementation status as of 8/5/13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress MS

\* no discontinued or expired medications are present in the home as of 7/31/13

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

The above plan of correction was approved by

ms  
 (Initials)

Partially Implemented - Inadequate Progress

Not Implemented

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WEST REGION FIELD OFFICE  
 Human Services Licensing

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

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WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Betamethasone Valerate Cream USP 0.1 %. The tube of this medication, which was stored on the right side of the medication cart, did not have a pharmacy label that included the following:

- \* the resident's name
- \* the date the prescription was issued
- \* the prescribed dosage and instructions for administration
- \* the name and title of the prescriber

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.

Administrator, after July 15th meeting / inspection, has removed manager from medication oversight and will do so himself. Plan do conduct weekly to bi-weekly review of med cart with manager (will be logged) plus already scheduled Mission Pharmacy to conduct a med cart audit in August between 5<sup>th</sup> - 10<sup>th</sup>.

By 8/15/13 - all staff involved in medication administration will be educated regarding labeling of medications according to 2600.184(a). Documentation will be kept. MS 8/15/13

By 9/15/13 - The administrator or designated staff person will conduct an initial and monthly check of resident prescriptions and medications to ensure pharmacy labels are accurate and contain all the required information of 2600.184(a) including the prescribed dosage. MS 8/15/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty*      Date *07-29-13*

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The above plan of correction is approved as of <u>8/5/13</u> (Date)	Plan of correction implementation status as of <u>8/5/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

The following medications, located in a cupboard in the laundry room, were not labeled with the resident's name:

- \* 1 bottle of Arthritis Pain Relief
- \* 1 bottle of chewable vitamin C tablets
- \* 1 bottle of Bufferin, 325 mg
- \* 1 opened, 14 tablet box of Prilosec containing 91 loose pills

The following medications, located in the right side of the medication cart, were not labeled with resident #1's last name (only the resident's first name was indicated):

- \* 1 box of Bufferin, 325 mg tablets
- \* 1 tube of Hydrocortisone 1% cream

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WEST REGION FIELD OFFICE  
 Human Services Licensing

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 similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. By 9/5/13 - The administrator or designated staff person will conduct and initial and monthly check of all medications, including OTC medications. See below*

*Administrator, after July 15th inspection, has removed manager from medication oversight and will do so himself. Plan to conduct weekly to bi-weekly review of med cart with manager (logging each meeting) plus already have scheduled [redacted] from Mission Pharmacy to conduct a med cart audit between Aug 5th - 10th. Medication errors/procedures will be discussed in August 15th staff meeting.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty*      Date *07-29-13*

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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

\*to ensure the medications are identified with the residents name. *MS 7/5/13*

Violation Report: 44863 - 07/15/2013 - Garrigan, Laurie  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 is prescribed Milk of Magnesia 30 ml by mouth daily if no BM in 3 days; however, it was not available 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.

Administrator, after July 15th inspection, has removed the manager from medication oversight and will do so myself. Plan to conduct weekly to bi-weekly review of med cart with manager (logging each meeting) plus already have scheduled with [redacted] from Mission Pharmacy to conduct a med cart audit between Aug 5th - 10th on the day that best fits her schedule. Medication errors/all procedures will be covered in August 15th staff meeting.  
By 8/5/13 - The administrator or designated staff person will conduct a check of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure prescribed medications are available in the home, including PRN medications. ms 8/5/13

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) *John Dougherty*

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

Date 07-29-13

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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



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Violation Report: 44863 - 08/01/2013 - Mazza, Larry  
PC# Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.101(j)(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.

2a. DESCRIPTION OF VIOLATION

At approximately 9:48 am, there was no light bulb in resident #1's bedside lamp. At approximately 2:00 pm, there was a light bulb in this lamp; however, the lamp was unplugged.

At approximately 9:48 am, resident #2's bedside lamp was inoperable.

At approximately 9:48 am, resident #3's bedside lamp was on a dresser approximately 2.5' from the bed and could not be reached from bedside.

At approximately 9:55 am, resident #4's bedside lamp was unplugged and inoperable.

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. By 8/5/13 - A designated staff person on each shift will be instructed to check the home daily to ensure each resident has an operable bedside light and

• For resident #1 this gentleman continues to take out the light bulb and unplug the lamp; on 08/05/13 a battery operated mounted light will be placed by his bed. For residents #2, #3 and #4 I will also have mounted on 08/05/13 battery operated lights by bedside. Gradually going to do this for all rooms to stop future violations.

• I do agree that Resident #4's lamp was unplugged when the inspectors were present but I plugged in resident #4's lamp and when I turned it on the bulb blew which the inspector witnessed and I quickly replaced the bulb.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-04-13

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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

\* to report or replace missing bedside lights and light bulbs. MS 8/5/13

Violation Report: 44863 - 08/01/2013 - Mazza, Larry  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 56 Pa. Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

AUG 02 2013

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE  
Human Services Licensing

The medical evaluation, dated 7/23/13, for resident #1 does not include medications; however, the resident is currently prescribed medications.

The medical evaluation, dated 4/1/13, for resident #3 does not include medications; however, the resident is currently prescribed medications. The medical evaluation indicates "see list"; however, there is no list attached.

The medical evaluation for resident #5, dated 7/12/13, does not include a current list of medications; however, the resident is currently prescribed medications.

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, #3 and #5 medical evaluations have been updated/completed, awaiting physician signatures for each medication list to verify accuracy. Will fax once I receive them, hope to have all physician signatures by Tuesday August 6th.

To prevent future violations DME reviews are going to be done on all QMT meetings by the administrator and manager.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/15/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date

08-04-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

5/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress w/S
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MS  
(Initials)

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Violation Report: 44863 - 08/01/2013 - Mazza, Lany  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 02 2013

1. REGULATION 55 Pa. Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's posted menu ends on 8/2/13.

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.

Menu good through 08/18/13 is attached.  
Manager was unaware of this regulation, administrator has now brought to manager's attention. Menu almost always was listed one to two weeks in advance now it will be always done.  
Administrator will back-check that posting of menu is always a week or more ahead to avoid future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date

08-04-13

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

The above plan of correction is approved as of

7/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

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Violation Report 44863 - 08/01/2013 - Mazza, Larry  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 02 2013

1. REGULATION 65 Pa.Code §2400

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

WEST REGION FIELD OFFICE

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 7/9/13, does not have a preadmission form.

Resident #5 was admitted to the home on 7/1/13. The resident's preadmission screening form is undated, so it is unable to be determined if it was completed within 30 days prior to admission. The preadmission screening form does not indicate if the home can meet the resident's needs. Also, the form is not completed in its entirety and does not include a medication administration assessment.

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.

Preadmission forms for residents #1 and #5 have been completed and attached with this fax. Administrator has pulled updated preadmission form off the DPW website, reviewed it with manager plus the above regulation. Manager is aware that no new residents are to be admitted unless the preadmission screening is complete. Administrator will review with manager all potential new residents before admission and make certain the preadmission form is completed.

By 8/15 - the administrator or designated staff person will develop and implement a new resident tracking system to ensure all residents admitted to the home have a preadmission screening form completed within 30 days prior to admission and the home is capable to see below

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/15/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date

08-04-13

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

The above plan of correction is approved as of

8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

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

The above plan of correction was approved by

MS  
(Initials)

\* of meeting the perspective care and needs of the resident.  
ms 8/5/13

Violation Report: 44883 - 08/01/2013 - Mazza, Lory  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa. Code §2800  
2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

AUG 02 2013

2a. DESCRIPTION OF VIOLATION

The undated preadmission screening form for resident #5, admitted 7/1/13, does not include the name of the person completing the form.

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #5's preadmission form has been completed and faxed. Administrator has already pulled from the DPW website the new preadmission form, reviewed preadmission policies with manager and will review all potential new residents with manager prior to admission to make certain preadmission form is completed.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Date *08-04-13*

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

The above plan of correction is approved as of 7/5/13  
(Date)

Plan of correction implementation status as of 7/5/13  
(Date)

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

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

RECEIVED

Violation Report: 44863 - 08/01/2013 - Mazza, Larry  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC  
AUG 02 2013

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

2a. DESCRIPTION OF VIOLATION  
Resident #1, admitted 7/9/13, does not have an assessment.  
The initial assessment, dated 7/16/13, for resident #5 is not completed in its entirety to include pages 5 thru 9 and page 11. These pages are completely blank. Also, page 10 of the assessment is missing.

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 and #5's RASP's are nearly completed, simple resident signature needed and information for page 10 interests. Should have completed by Monday 08-05-13 and will fax to PPW licensing representative.

TO prevent this violation in the future administrator and manager will review all new resident entries prior to admission and post admission (QMT meetings) to ensure all evaluations have been completed.

By 9/5/13 - The administrator or designated staff person will develop and implement a new resident document tracking system to ensure all residents admitted to the home have an assessment completed within 15 days of admission to be completed in its entirety to include a mobility assessment. *See below*

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-13*

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

The above plan of correction is approved as of 8/5/13 (Date)  
The above plan of correction was approved by MS (Initials)  
Plan of correction implementation status as of 8/5/13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress (MS)  
 Partially Implemented - Inadequate Progress  
 Not Implemented

\* By 9/5/13 - The administrator or designated staff person will review all current resident records to ensure an assessment has been completed for each resident in its entirety to include a mobility assessment. *MS 8/5/13*

AUG 02 2013

Page 8 of 9

Violation Report: 44863 - 08/01/2013 - Marza, Larry  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE

1. REGULATION or Pa. Code §2600  
2600.228(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The assessment, dated 7/16/13, for resident #5, admitted 7/1/13, does not include a mobility assessment.

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 #5's RASP is awaiting his signature and completion of pg 10 (resident away from care home this weekend). Expect to have Resident #5's RASP entirely completed and faxed to DPW on 08-05-13.

TO ensure this violation does not occur again administrator and manager will review all new residents prior to admission and post admission (QMT meetings) to ensure make certain evaluations are completed.

By 8/5/13 - The administrator or designated staff person will develop and implement a new resident document tracking system to ensure all residents admitted to the home have an assessment completed within 15 days of admission to be completed in its entirety to include a mobility assessment.  
By 8/15/13 - The administrator or designated staff person will review all current resident records to ensure an assessment has been completed for each resident in its entirety to include \*See below

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-04-13

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

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The above plan of correction was approved by MS (Initials)  
Plan of correction implementation status as of 8/5/13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress MS  
 Partially Implemented - Inadequate Progress  
 Not Implemented

\* a mobility assessment, MS 8/5/13

AUG 02 2013

Page 9 of 9

Violation Report: 44883 - 08/01/2013 - Mazza, Larry  
PGH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The undated preadmission screening for resident #5, admitted 7/1/13, was not completed on the Department's current preadmission screening 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.

Administrator pulled the current Department's preadmission screening form off the website, used it for completion of Resident #5's preadmission and to ensure no violation in the future added the new preadmission form to Washington Manor's binder titled "Forms Used by Washington Manor".

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date 08-04-13

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

The above plan of correction is approved as of 8/5/13  
(Date)

Plan of correction implementation status as of 8/5/13  
(Date)

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

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