

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HILLSIDE REST HOME, INC.

LEGAL ENTITY

To operate HILLSIDE PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 29, 2013 until April 29, 2014

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 348751

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**OCT 29 2013**

Ms. Catherine C. Rowe, President/Administrator  
Hillside Rest Home, Inc.  
P.O. Box 552  
Blue Ridge Summit, Pennsylvania 17214

RE: Hillside Personal Care  
1175 Old Waynesboro Pike  
Fairfield, Pennsylvania 17320

Dear Ms. Rowe:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 8, 2013, May 9, 2013, July 12, 2013, August 15, 2013 and September 11, 2013, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
183d	II	43	\$5	\$215	5 calendar days from mailing date of this letter
65g	III	43	\$3	\$129	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

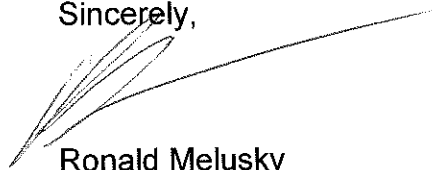
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
The home has signs in the front yard stating, "Hillside Personal Care An Assisted Living Home."

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

The word "Assisted Living" were removed from the signs on 5/9/13.

The Assistant Administrator reviewed all printed and advertising materials to verify that this afore mentioned wording is not used, no others were found.

The Assistant Administrator will review all future advertising and printed material to assure that "Assisted Living" is not included.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C Rowe*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C Rowe*      Date *7-16-13*

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

The above plan of correction is approved as of 7-25-13  
(Date)

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

Plan of correction implementation status as of 7-25-13  
(Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person B, the home's Co-Administrator, completed only 22 hours of annual training in training year 5/1/2012 - 4/30/2013.

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

The Co-Administrator completed the additional <sup>1.25</sup> 2 hours of required annual training, and will complete and additional .75 hr. training + 24 hrs. during current training year. \*E  
The Co-Administrator will complete all training as required in future years.  
The Assistant Administrator will review and maintain documents of proof of training.  
The Assistant Administrator had completed the required annual hours.

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

Signature of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe      Date 7-16-13

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The above plan of correction is approved as of 9-25-13 (Date)

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

Plan of correction implementation status as of 9-25-13 (Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

No staff was trained in 2012 by a fire safety expert.

Staff Persons A, B and C did not receive training in emergency preparedness procedures in training year 2012.

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

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

Training was provided by a staff person trained by a fire safety expert, as noted on attached documents. The fire safety expert is providing a letter to certify the training and appropriateness of the staff person to be able to training on 2600.65(g). This letter will be kept with the training documents.

On- going all documentation and training on 2600.65(g) will be maintained in accordance with the regulation and be made available, including training in emergency preparedness procedures. - GE

All staff received training for 2013 as noted on attached document.

Assistant Administrator will perform quarterly reviews to assure that the staff person trained by the fire safety expert will provide training and maintain all documents required by regulation 2600.65(g).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Catherine C Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Catherine C Rowe* Date *7-16-13*

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- Not Implemented

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There is a very strong odor of urine in bathroom #3 on the second floor of the home.  
The floor of the dining room has an accumulation of dirt, dust, food particles and dead insects along the baseboards and underneath the vending machines, refrigerators and dry food storage cabinets.  
An insect trap is hung directly over a plastic tray of water glasses in the dining room.  
The bedroom occupied by Resident #1 has an accumulation of dirt and dead insects along the baseboards; seven dead insects were lying underneath the window of the bedroom.

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

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

The floor and baseboard will be replaced in bathroom #3 by August 10, 2013.  
The floor in the dining room has been cleaned from all said debris on May 10, 2013  
The insect trap was removed from above the water dispenser area on May 9, 2013.  
The bedroom has been cleaned from all said debris on May 10, 2013.

The staff has been coached and our continuing to coach them to completely clean all areas at all times of dirt, dust, food particles, and dead insects, etc.

We are adapting a new monitoring schedule with daily checks and daily follow up and a group communication of problem areas found.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Catherine C. Rennie*

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

*Catherine C. Rennie / Director*

Date

*7/16/13*

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The above plan of correction is approved as of

9-25-13  
(Date)

Plan of correction implementation status as of

9-25-13  
(Date)

The above plan of correction was approved by

CR  
(Initials)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The first and third steps in stairwell #5, at the back of the home leading to the parking lot, are loose and pose a falling hazard to anyone using them.

The chair at the table in front of the vending machine in the dining room has ripped fabric and padding leaving wood exposed.

The chair by the television in the sitting room next to the dining room has multiple tears exposing the padding.

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

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

The steps were repaired on May 10, 2013.

The chair in dining room was repaired on May 9, 2013.

The chair in sitting was removed from facility.

The building maintenance manager will weekly inspect all areas of facility and commence with repairs or direct repairs to be done within a timely manner of less than 2 weeks or less if hazard could cause extreme harm.

Assistant Administrator will weekly communicate with maintenance manager as to repairs completed and the plan for those repairs needing to be completed.

Staff will also be educated to recognize hazards and to reduce, eliminate or report all hazards found.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Catherine C. Rowe*      Date *7-16-13*

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The above plan of correction is approved as of 9-25-13 (Date)

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

Plan of correction implementation status as of 9-25-13 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The window screen in bedroom #12 does not fit the window securely and leaves a half-inch gap at the top.

The window screen in bedroom #13 has pulled away from the frame leaving an opening along the bottom edge.

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

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

The window screen in bedroom #12 was replaced on May 10, 2013.

The window screen in bedroom #13 was replaced on May 10, 2013

The building maintenance manager will weekly inspect all areas of facility and commence with repairs or direct repairs to be done within a timely manner of less than 2 weeks or less if hazard could cause extreme harm.

Assistant Administrator will weekly communicate with maintenance manager as to repairs completed and the plan for those repairs needing to be completed.

Staff will also be educated to recognize hazards and to reduce, eliminate or report all hazards found.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Catherine C. Reed*

Date

*7-10-13*

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

The above plan of correction is approved as of

9-25-13  
(Date)

Plan of correction implementation status as of

9-25-13  
(Date)

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

The above plan of correction was approved by

CR  
(Initials)

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following food items were locked in the dry food storage cabinet in the dining room, and had no date indicating when they were opened:

- \* 8 ounce bag of nacho chips
- \* 9.5 ounce bag of Chips Ahoy cookies
- \* plastic bag of Shur Fine marshmallows

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.

Items were discarded on May 9, 2013.

Staff were educated on a better understand of regulation 2600.103(e)

The building maintenance manager will weekly inspect all areas food areas for dates and labels on all items.

Assistant Administrator will weekly communicate with maintenance manager as to the completeness of this regulation.

Staff will also be educated to the safety importance of this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Catherine C. Rowe</i>	Date <i>7-16-13</i>
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(Date)

Plan of correction implementation status as of 9-25-13  
(Date)

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

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
 PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following food items were locked in the dry food storage cabinet in the dining room and were opened and unsealed:  
 \* 16 ounce bag of Snyders pretzel rods  
 \* carton of cheddar cheese Goldfish crackers  
 \* bag of Shur Fine marshmallows

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.

Items were discarded on May 9, 2013.

Staff were educated on a better understand of regulation 2600.103(g)

The building maintenance manager will weekly inspect all foods that they are sealed.

Assistant Administrator will weekly communicate with maintenance manager as to the completeness of this regulation.

Staff will also be educated to the safety importance of this regulation.

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

*Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Catherine C. Rowe</i>	<i>7-16-13</i>

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 (Date)

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

Plan of correction implementation status as of 9-25-13  
 (Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5/8/13, there was an accumulation of lint on the filter screen of the dryer in the laundry room at the front of the home.

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

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

All dryers and around the dryers were cleaned from all lint on 5/8/2013.

The staff were educated about regulation 2600.105(g)(1).

The dyers will be monitored by building maintenance daily then weekly as to assure compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Reine*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Reine*      Date *7-16-13*

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

The above plan of correction is approved as of 9-25-13  
(Date)

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

Plan of correction implementation status as of 9-25-13  
(Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
Staff Person A stated that the duct for the dryer at the front of the home was routed to a crawlspace underneath the porch and could not be cleaned from the outside.  
  
The duct for the dryer in the laundry room next to the kitchen was routed through an adjacent food storage area. The floor and the back of the deep freezer were covered with lint.

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

The dryer was unplugged and not used immediately. Until repair is complete.

The dryer was vented to the outside on 5/15/2013.

The lint was cleaned from adjacent food storage on 5/10/2013.

Dryer will continue to be cleaned by maintenance as per manufacturer's instructions,

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C Rouse*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C Rouse*      Date *7-16-13*

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The above plan of correction is approved as of 9-25-13  
(Date)

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

Plan of correction implementation status as of 9-25-13  
(Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 5/9/13 at 10 am, a plastic tote was unlocked and accessible to residents in the dining room. The tote contained:

- \* a blister pack of Tylenol 325 mg tablets
- \* a blister pack of Benadryl 25 mg Kapseal tablets
- \* a package of Saphris 10 mg tablets

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

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

Medications were locked taken from plastic delivery tote and stored on 5/8/2013.

Staff person that received medications was educated as to regulation 2600.183(b).

All Med Techs were educated as to regulation 2600.183(b). *Documentation of training will be kept. -GE*

Medical Care Coordinator and Assistant Administrator will monitor med area for compliance daily until significant compliance is found then weekly there after.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sharon C. Ryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon C. Ryan</i>	Date <i>7-16-13</i>
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(Date)

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

Plan of correction implementation status as of 9-25-13  
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
 PCH Name: HILLSIDE PERSONAL CARE

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

On 5/9/13, the following expired medications were found:  
 \* Guaifenesin 100 mg / 5 ml liquid was expired 9/2012  
 \* Tussin DM Cough & Chest congestion liquid was expired 10/2012  
 \* Combivent inhaler 18-103 mcg / inhalation 44 gm was expired 12/2012  
 \* Acetaminophen 500 mg was expired on 3/13/13  
 \* Phenol / oral anesthetic 6 ounce was expired 4/13/13

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.

Expired medications were disposed of as noted in medication policy. Replacement meds were ordered as needed or discontinued if not needed.

Med cart was reviewed by Medical Coordinator for compliance of regulation 2600.183(d)

Medical Care Coordinator and Assistant Administrator will monitor med area for compliance daily until significant compliance is found then weekly there after.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Catherine C. Rowe</i>	Date <i>7-16-13</i>
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 (Initials)

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 (Date)

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- Not Implemented

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
 PCH Name: HILLSIDE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 5/9/13, the following medications were found in and around the medication carts:  
 \* round, white pill in the 7-3 drawer of med cart one (with the computer)  
 \* oval tablet in the 2nd drawer of med cart one  
 \* round, red tablet on the floor underneath med cart two  
 \* round, bright orange pill loose in the bottom of the 2nd drawer of med cart two

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

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

All loose medications were discarded according to medication disposal policy.

Cart was reviewed for any and all loose pills, expired medications, and medications for residents that are no longer at PCH and disposed of as according to medication disposal policy.

Staff was in-serviced on medication disbursement accuracy and completeness, including the mindfulness while watching residents taking and removing meds from package even for self-administers.

Assistant Administrator will continue to monitor med pass and med cart for completeness.

Medical Care Coordinator and Assistant Administrator will monitor med area for compliance daily until significant compliance is found then weekly there after.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Catherine C. Rowe* Date *7-16-13*

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

The above plan of correction is approved as of 7-25-13  
 (Date)

Plan of correction implementation status as of 7-25-13  
 (Date)

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

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

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

On 5/9/2013, a Ventolin inhaler was found in the 2nd drawer of the medication cart with the computer. The inhaler was not labeled with a 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.

Mediations were disposed of as noted in medication policy. Replacement meds were ordered as needed or discontinued if not needed.

Med cart was reviewed by Medical Coordinador for compliance of regulation 2600.184(b).

Med Techs were educated about regulation 2600.184(b). *Documentation of training will be kept. - GE*

Medical Care Coordinador and Assistant Administrator will monitor med area for compliance daily until significant compliance is found then weekly there after.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rose*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rose*      Date *7-16-13*

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

The above plan of correction is approved as of 9-25-13  
(Date)

Plan of correction implementation status as of 9-25-13  
(Date)

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

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

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

The medication count sheet for Percoset 5-325 mg for Resident #1 went from 40 pills on 5/6/13 to 26 pills on 5/8/13. Staff is not following the home's internal policy to account for controlled medications on the count sheet.

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

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

All controlled substances were recounted and checked for accuracy.

All controlled substances will be monitored as outlined in our policy.

Staff received in-service training on regulation 26009.185(b) and our controlled substance policy from Assistant Administrator.

Assistant Administrator will monitor MARS and med cart daily until significant compliance is found then weekly thereafter for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Catherine C. Rowe</i>	Date <i>7-16-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-25-13  
(Date)

Plan of correction implementation status as of 9-25-13  
(Date)

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

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

Resident #2 has an order for blood sugar readings to be taken once per day. The resident's Accu-Chek monitor does not contain readings for 5/3/13 through 5/8/13. Staff Person D, the Administrator, states the medication administration record has "unavailable" marked for three days.

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.

Med Techs were educated about regulation 2600.187(d) and our policy to provide all necessary and prescribed care at all times.

We have placed an additional stock of test strips to be available in the case that test strips are late in delivery due to stocking or insurance reasons.

Staff have been educated as to the importance to call the on call staff to resolve any missing items may be needed to provide care as prescribed or as needed.

Assistant Administrator will continue to include this reminder in future education sessions as well.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe*      Date *7-16-13*

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

The above plan of correction is approved as of 7-25-13  
(Date)

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

Plan of correction implementation status as of 7-25-13  
(Date)

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

Violation Report: 34875 - 05/08/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There is no pre-admission screening form for Resident #1, admitted 2/7/13.

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.

All records were reviewed for completed pre-admission screening by Medical Coordinator.

On going the Medical Coordinator will review all records of new admissions for completed admission documents including, but not limited to the pre-admission screening.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Catherine C. Rowe* Date *7-16-13*

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

The above plan of correction is approved as of 7-25-13  
(Date)

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

Plan of correction implementation status as of 7-25-13  
(Date)

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

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

PCH Name: HILLSIDE PERSONAL CARE		License Number: 34875
Address: 1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320		County: Adams
Administrator: Cheryl Morgan		Region: CENTRAL
Legal Entity Name: HILLSIDE REST HOME INC		
Legal Entity Address: PO BOX 552, BLUE RIDGE SUMMIT, PA 17214		
Certificate(s) of Occupancy C-2 LP 12/08/1978 L & I		
Staffing Hours Resident Support: NM                      Total Daily Staff: 45                      Waking Staff: 34		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/12/2013: McCloskey, Jason; Gensil, Lor		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 45 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: 1		Number of Residents who: Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 31 Have Mental Illness: 30 Have an Intellectual Disability: 16 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report 34875 - 07/12/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home is operating under a consent order and agreement with the Pennsylvania Department of Environmental Protection, dated 6/20/11. The agreement, referencing Section 701 of the Safe Water Drinking Regulations, 25 Pa. Code section 109.701, requires the home to submit the results of test measurement or analysis to the Department of Environmental Protection within the first 10 days following the month in which the result is determined. Staff Person A, the Administrator, stated that the home is two months behind in reporting results.

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

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

All test results are now current and will stay current.

Assistant Administrator will use a computerized calendar alert system to remind of pending future deadlines.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Catherine Rowe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe      Date 8-12-13

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

The above plan of correction is approved as of 9-25-13 (Date)

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

Plan of correction implementation status as of 9-25-13 (Date)

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

Violation Report: 34875 - 07/12/2013 - McCloskey, Jason  
 PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 On 7/12/13 at 1:35 pm, the medication cart in the corner of the dining room was unlocked and accessible to 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.

Cabinet was locked.

Staff person was educated to error and regulation. Staff person has been monitored after each med pass for compliance and has been compliant.

On-going all staff are to review med area after each med pass for security of all cabinets/medications. Sign has been posted in med area as reminder and supervisory staff are reviewing area frequently for compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Catherine C Rowe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Catherine C Rowe*      Date *8-12-13*

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

The above plan of correction is approved as of 9-25-13  
 (Date)

Plan of correction implementation status as of 9-25-13  
 (Date)

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

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

Violation Report: 34875 - 07/12/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 7/12/13, one half of a blue tablet was found laying on the floor of the dining room between the two medication carts.

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.

Medication was discarded. Medication area was reviewed for any additional loose medications - none were found.

Staff person was educated to error and regulation. Staff person has been monitored after each med pass for compliance and has been compliant.

On-going all staff are to review med area after each med pass for any loose pills. Sign has been posted in med area as reminder and supervisory staff are reviewing area frequently for compliance.

Repeat Violation: Yes | Date(s) of Previous Violation(s): 04/16/2012

Signature of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine C Rowe | Date 8-12-13

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

The above plan of correction is approved as of 9-25-13  
(Date)

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

Plan of correction implementation status as of 9-25-13  
(Date)

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



Violation Report: 34875 - 08/15/2013 - McCloskey, Jason  
 PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 8/15/13, Agents of the Department of Public Welfare requested:

- \* chlorine residual logs for July through August 14, 2013;
- \* annual training records for Staff Person A as specified on the home's plan of correction (POC) dated 7/16/13;
- \* documentation of additional staff training for med techs as specified in the home's POC dated 7/16/13;
- \* documentation of additional staff training in emergency preparedness and fire safety training as specified in the home's POC dated 7/16/13

Staff person A, the co-administrator, was unable to provide these items on the day of the inspection because Staff Person B, the home's co-administrator, had possession of the documents and was not present in the home.

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

The administrator or a designee shall provide immediate access to records that are required by Agents of the Department.

All original records will remain on premises; copies will be used for any electronic reporting needs. Files will be organized and labeled so that directions can be easily given on where to locate any support documents that may be requested.

Chlorine residual logs were taken from premises to complete required DEP reporting within the required time frame.

Annual training records for staff Person A, documentation of staff training for med techs and documentation for emergency training and fire safety is and has been on site. All these documents were also previously forward or given to DPW.

RECEIVED

SEP 20 2013

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

Signature of Legal Entity Representative (Required on EVERY Page) *Catherine Rowe*      CENTRAL REGION FIELD OFFICE Human Services Licensing

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Catherine C Rowe* Administrator      Date *9/19/13*

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

The above plan of correction is approved as of <u>10-10-13</u> (Date)	Plan of correction implementation status as of <u>10-10-13</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34875 - 08/15/2013 - McCloskey, Jason  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The following conditions were cited by Agents of the Pennsylvania Department of Environmental Protection during the on-site inspection:

- \* "Well 2's cap was not secure and should be locked."
- \* "Soda ash day tank should have a working mixer to avoid clumping in day tank."

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.

Well 2's cap is secured and locked.

Mixer for soda ash is ordered from USA Blue Book and will be delivered by September 21, 2013.

On-going DEP recommendations will be followed as requested during their inspections. Administrator will quarterly review these areas for safety or more often if needed.

Updated 10/8/13  
Change 10/10/13  
→ New Operator contract for Services to start immediately and be exclusive operator as of 11/1/13 to assure better accuracy and timely reporting, analysing + to comply with DEP regulations

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Catherine C Rowe Administrator</i>	Date <i>9/19/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-10-13 (Date)

Plan of correction implementation status as of 10-10-13 (Date)

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

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



Violation Report: 34875 - 09/11/2013 - OPake, Hope  
 PCH Name: HILLSIDE PERSONAL CARE

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

- The bed closest to the window in Room 3 does not have a source of light that can be turned on/off from bedside.
- The touch light in Room 4 was not operable.
- The lamps in Rooms 6 and 11 were unplugged.
- The bed farthest from the door in Room 10 does not have access to the bedside lamp, as the bedside table was out of reach.
- The lamp in Room 12 was not operable.
- The lamp in the middle of Room 13 did not have a light bulb.

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.

While inspectors were still here we corrected all lamps that were not operating by replacing light bulbs, replacing lamps and plugging in all unplugged lamps.

Surge protector power strips were provided for all areas that residents were unplugging lamps to access power outlets. These power strips will be monitored bi-weekly to assure safe usage practices.

Building maintenance personnel and cleaning staff were educated to the importance of access to a bedside light that is in working condition.

Building maintenance supervisor will be inspecting lamp locations and their operations bi-weekly and remedied as needed.

Inspection will continue bi-weekly until significant compliance is found.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl A Morgan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl A Morgan*      Date *9/27/13*

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

The above plan of correction is approved as of <u>10-15-13</u> (Date)	Plan of correction implementation status as of <u>10-15-13</u> (Date)
The above plan of correction was approved by <u>EC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34875 - 09/11/2013 - OPake, Hope  
PCH Name: HILLSIDE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On September 11, 2013, there was an accumulation of lint in the lint trap of the dryer in the laundry room in the back of the home, closest to the road and farthest from the main entrance.

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.

Lint trap screen had a missing handle. Lint trap was replaced with new one on 9/11/13

Supervisor personnel is inspecting periodically throughout the day to educate all staff to clean lint trap after each load is finished.

Staff have been educated to the fire hazard of accumulated lint.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl A Morgan*      Date *9/27/13*

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

The above plan of correction is approved as of <u>10-15-13</u> (Date)	Plan of correction implementation status as of <u>10-15-13</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented