



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Mr. James E. Schrenk, Director of Resident Care Services
Reformed Presbyterian Women's Association
Reformed Presbyterian Home
23444 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Dear Mr. Schrenk:

As a result of the Department of Public Welfare's licensing inspection on May 23, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

Your regular license for the period of August 27, 2013 to August 27, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

RECEIVED Page 2 of 14

Violation Report: 42886 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

JUN 12 2013

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**WEST REGION FIELD OFFICE
Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 7/3/08, does not have a high school diploma, GED, or active registration on the Pennsylvania nurse aide registry.

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 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James Schrenk

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

JAMES SCHRENK

Date 6/12/13

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

The above plan of correction is approved as of

6/14/13
(Date)

Plan of correction implementation status as of

6/14/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation: Direct care staff person A, hired 7/3/06, does not have a high school diploma, GED, or active registration on the PA nurse aide registry.

Plan of Corrections:

Staff Person A claims to have completed a high school education. She is in the process of obtaining the diploma from her school district.

In the future, all new applicants will be required to show proof of education prior to being hired. The Director of Resident Care Services and the Human Resources Department will implement this change. All staff will be educated on this violation and the plan to correct.

By 6/30/13 - The will obtain proof of high school graduation from staff person A, or staff person A may get statement affirming high school graduation NOTARIZED, or staff person A no longer permitted to be employed as direct care staff person.

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6/14/13

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JUN 12 2013

Page 3 of 14

| | |
|---|--|
| Violation Report: 42966 - 05/23/2013 - Orme, Melinda | |
| PCH Name: REFORMED PRESBYTERIAN HOME | WEST REGION FIELD OFFICE |
| 1. REGULATION 55 Pa.Code §2600 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs. | |
| 2a. DESCRIPTION OF VIOLATION On 5/18/13 and 5/19/13, there were 21 residents in the home, including 3 residents with mobility needs, requiring a total minimum of 24 hours of direct care daily. On these dates, only 21.5 hours of direct care staffing was provided. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |
| See Page 31 | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>James Schrenk</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES SCHRENK | Date 6/12/13 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>6/14/13</u> (Date) | Plan of correction implementation status as of <u>6/14/13</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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Page 3A of 14

Violation: On 5/18/13 and 5/19/13 , there were 21 residents in the home, including 3 residents with mobility needs, requiring a total minimum of 24 hours of direct care daily. On these dates, only 21.5 hours of direct care staffing was provided. 2600.57(c)

Plan of Corrections:

The Reformed Presbyterian Home plans to re-evaluate its current staffing schedule and to make changes in accordance with resident needs and DPW regulations. A meeting is scheduled for Friday June 14th to discuss the changes. The Director of Resident Care Services and the Chief Operating Officer will be responsible for making the change. All staff will be educated in regard to this violation and the plan to correct.

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WEST REGION FIELD OFFICE
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JAMES SCHRENK 6/12/13

Immediately - The administrator or designated person will review weekly schedules to ensure proper staffing levels are maintained

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Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 5/18/13 and 5/19/13, a total of 18 hours of direct care was required on each day. However, only 14 of the required hours were provided during waking hours on each day.

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 4/1

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Schrenk*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES SCHRENK Date 6/12/13

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The above plan of correction is approved as of 6/14/13 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 6/14/13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Page 4A of 14

Violation: On 5/18/13 and 5/19/13, a total of 18 hours of direct care was required on each day. However, only 14 of the required hours were provided during waking hours on each day. 2600.57(d)

Plan of Corrections:

The Reformed Presbyterian Home plans to re-evaluate its current staffing schedule and to make changes in accordance with resident needs and DPW regulations. A meeting is scheduled for Friday June 14th to discuss the changes. The Director of Resident Care Services and the Chief Operating Officer will be responsible for making the change. All staff will be educated in regard to this violation and the plan to correct.

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James Schrenk

JAMES SCHRENK 6/12/13

Immediately - The administrator or designated person will review staffing schedules at least weekly to ensure proper staffing levels are maintained.

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JUN 12 2013 Page 5 of 14

Violation Report: 42986 - 06/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home has 3 residents with physical and cognitive mobility needs. During the months of April and May 2013, the home averages 1 staff person scheduled for the 11:00 PM - 7:00 AM shift daily. The staffing is insufficient to safely assist and supervise the residents with mobility needs in the event of an emergency evacuation.

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 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James Schrenk

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

JAMES SCHRENK

Date 6/12/13

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(Date)

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6/14/13
(Date)

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[Signature]
(Initials)

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

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Page 5A of 14

Violation: The home has 3 residents with physical and cognitive mobility needs. During the months of April and May 2013, the home averages 1 staff person scheduled for the 11p-7a shift daily. The staffing is insufficient to safely assist and supervise the residents with mobility needs in the event of an emergency evacuation.

Plan of Corrections:

By June 28, 2013, the Home plans to provide Direct Care Staff Training for 7 Support Staff employees. The additional staff will be able to provide the necessary assistance and supervision needed by the 11pm-7am staff. The Director of Resident Care Services will administer the training.

All staff will be educated in regard to this violation and the plan to correct.

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James Schrenk

JAMES SCHRENK 6/12/13

Immediately - The administrator or designee will review staffing schedules at least weekly to ensure proper staffing levels are maintained.

By 9/30/13 - The administrator will observe a sleeping hours fire drill to ensure evacuation procedures are followed and are within the safe evacuation time.

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6/14/13

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Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

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

JUN 12 2013

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
Human Services Licensing

In the home's kitchen, there was a 10 pound box of bread crumbs and a 25 pound bag of flour that were unsealed.

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.

Page 6 of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Schrenk*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **JAMES SCHRENK** Date **6/12/13**

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

The above plan of correction is approved as of 6/14/13
(Date)

Plan of correction implementation status as of 6/14/13
(Date)

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

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

Page 6A of 14

5

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WEST REGION FIELD OFFICE
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Violation: In the home's kitchen, there was a 10 pound box of bread crumbs and a 25 pound bag of flour that were unsealed. 2600.103(g)

Plan of Corrections:

The Home's Dietary Department utilizes a weekly kitchen audit tool. The facility will add this item to its quarterly QA audit review for the next 3 quarterly audits. The Director of Dietary will provide results at the meetings.

All staff will be educated in regard to this violation and the plan to correct.

James Schrenk

JAMES SCHRENK 6/12/13

6/12/13

6

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JUN 12 2013

Page 7 of 14

Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PGH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The personal care home shares a building with the skilled nursing unit and utilizes the skilled nursing staff for fire drills. For the fire drill on 4/19/13, at 10:10 AM, 13 staff participated in the fire drill; however, only 3 direct care staff persons were scheduled in the personal care home on that day and at that time. According to the staff schedule, the average number of staff scheduled for each shift is 2-3 staff persons. The home has not conducted a fire drill utilizing the minimum number of staff available in the personal care 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.

See Page 7A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Schrenk*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES SCHRENK Date 6/12/13

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

The above plan of correction is approved as of 6/14/13
(Date)

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

Plan of correction implementation status as of 6/4/13
(Date)

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

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Page 7A of 14

Violation: The Personal Care shares a building with the skilled nursing unit and utilizes the skilled nursing staff for fire drills. For the fire drill on 4/19/13 at 10:10am 13 staff participated in the fire drill; however, only 3 direct care staff persons were scheduled in the personal care home on that day and at that time. According to the staff schedule, the average number of staff scheduled for each shift is 2-3 staff persons. The home has not conducted a fire drill utilizing the minimum number of staff available in the personal care home.2600.132(g)

Plan of Corrections:

The Director of Resident Care Services is adding a Support Staff section to the monthly Personal Care Staff schedule beginning on July 1st. Support staff consists of Security, Maintenance, and Environmental Services workers who are present on the same floor. All Support Staff will be trained as Direct Care workers and will be available to assist in an emergency. A fire drill has been scheduled for July 26th on the 11p-7a shift utilizing the new schedule. All staff will be educated in regard to this violation and the plan to correct.

My
7/31/13 The administrator will observe the 7/26/13 fire drill and submit the fire drill log to The Dept. attention Janine Wenzel.

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JUN 12 2013

WEST REGION FIELD OFFICE
Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13

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6/14/13

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Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

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.

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WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 indicates Claritin 10 mg, 1 tab daily. The pharmacy label indicates Loratidine 10 mg, 1 tab daily PRN.

The medication administration record for resident #1 indicates Nitrostat .4 mg, 1 tab, repeat every 5 minutes up to 3 doses. Call MD with no relief. The pharmacy label indicates Nitrostat .4 mg, 1 tab under the tongue, may repeat 2 times every 15 minutes.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Schrenk*

| | |
|---|---------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| JAMES SCHRENK | 6/12/13 |

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

The above plan of correction is approved as of 6/14/13
(Date)

Plan of correction implementation status as of 6/14/13
(Date)

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

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

7

Page 8A of 14

Violation: The med administration record for resident #1 indicates Claritin 10mg, 1 tab daily. The pharmacy label indicates Loratidine 10mg, 1 tab daily PRN. 2600.187(a)

The med administration record for resident #1 indicates Nitrostat .4mg, 1 tab, repeat every 5 minutes up to 3 doses. Call MD with no relief. The pharmacy label indicates Nitrostat .4 mg, 1 tab under the tongue, may repeat 2 times every 15 minutes. 2600.187(a)

Plan of Corrections:

The med administration record for resident #1 has been reviewed for accuracy. As of May 29th the Home has added the services of an RN to its staff 2 days per week. One of the duties of the RN will be to review all medication administration records to identify any holes, errors, or inconsistencies. In addition, the Director of Resident Care Services will conduct a daily audit of the MAR. All staff will be educated in regard to this violation and the plan to correct.

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WEST REGION FIELD OFFICE
Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13

[Signature]
6/14/13

JUN 12 2013

Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was administered Amlodipine 25 mg, 1 tab daily after lunch at 2:00 PM on 5/18/13/ and 5/19/13. Staff person A did not initial the medication administration record at the time of administration.

Resident #3 was administered Vitamin D, 1 cap 1 time weekly on Sunday, 5/19/13. Staff person A did not initial the medication administration record at the time of administration.

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 9A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Schrenk*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES SCHRENK Date 6/12/13

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

The above plan of correction is approved as of 6/14/13
(Date)

Plan of correction implementation status as of 6/17/13
(Date)

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

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

Page 9A of 14

Violation: Resident#1 was administered Amlodipine 25 mg, 1 tab daily after lunch at 2:00pm on 5/18/13 and 5/19/13. Staff person A did not initial the med admin record at the time of administration.

Resident #3 was administered Vit D, 1 cap 1 time weekly on Sunday, 5/19/13. Staff person A did not initial the medication admin record at the time of administration.

2600.187(b)

Plan of Corrections:

As of May 29th the Home has added the services of an RN to its staff 2 days per week. One of the duties of the RN will be to review all medication administration records to identify any holes, errors, or inconsistencies. In addition, the Director of Resident Care Services will conduct a daily audit of the MAR.

All staff will be educated in regard to this violation and the plan to correct.

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Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13

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Violation Report: 42968 - 06/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B did not have an annual practicum for medication administration record reviews and medication administration observations in 2012.

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

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

*Violation
withheld
6/12/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James Schrenk

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

JAMES SCHRENK

Date 6/12/13

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

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(Date)

Plan of correction implementation status as of _____
(Date)

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

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



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JUN 12 2013

Violation Report: 42866 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Residents #1, #2, #3, and #4 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

See Page 11A

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES SCHRENK Date 6/12/13

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(Date)

Plan of correction implementation status as of 6/14/13
(Date)

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

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

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Page 11A of 14

Violation: Resident #1, #2, #3, and #4 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Corrections:

In the last week the Home has educated all residents on this right. The residents have signed a statement in agreement. A copy of this right has been mailed to the responsible parties for resident #2 and #4. In addition, the Home will add this to the list of Resident Rights included in the Admissions Agreement. The Director of Resident Care Services will be responsible for reviewing this right with all new residents.

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WEST REGION FIELD OFFICE
Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13

J Schrenk
6/14/13



Violation Report: 42868 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

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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.

JUN 12 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The 12/27/12 assessment for resident #4 has not been updated to address the resident's increased needs for bladder management, dressing, and eating, which are indicated in nurse's notes for the resident.

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 12A

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| Signature of Legal Entity Representative (Required on EVERY Page) | <i>James Schrenk</i> |
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(Initials)

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

Page 12A.F14

Violation: The 12/27/12 assessment for resident #4 has not been updated to address the resident's increased needs for bladder mgmt, dressing, and eating, which are indicated in the nurse's notes for the resident. 2600.225(c)

Plan of Corrections:

The Assessment and Support Plan of resident #4 are currently being updated by our staff LPN. The assessment and support plan will be adjusted to currently reflect the needs of this resident. The Director of Resident Care Services will schedule a monthly audit to insure the accuracy of all Assessments and Support Plans. All staff will be educated in regard to this violation and the plan to correct.

RECEIVED

JUN 12 2013

WEST REGION FIELD OFFICE
Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13

[Signature]
6/14/13

RECEIVED

JUN 12 2013

Violation Report: 42966 - 06/23/2013 - Orna, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 has had cognitive decline and is unable to evacuate without at least moderate oral assistance in the event of an emergency. The resident's 12/27/12 assessment does not address these mobility needs.

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 13A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James Schrenk

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

JAMES SCHRENK

Date 6/12/13

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

The above plan of correction is approved as of

6/14/13
(Date)

Plan of correction implementation status as of

6/14/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation: Resident #4 has had cognitive decline and is unable to evacuate without assistance in the event of an emergency. The resident's 12/27/12/ assessment does not address these mobility needs.

RECEIVED

JUN 12 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Corrections:

The Assessment and Support Plan of resident #4 are currently being updated by our staff LPN. The assessment and support plan will be adjusted to currently reflect the needs of this resident. All staff will be educated in regard to this violation and the plan to correct. The Director of Resident Care Services will schedule a monthly audit to insure the accuracy of all Assessments and Support Plans.

James Schrenk

JAMES SCHRENK 6/12/13

[Handwritten signature]

JUN 12 2013

Violation Report: 42966 - 05/23/2013 - Orme, Melinda
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Nursing notes for resident #4 indicate increased needs in bladder management, dressing and eating. The 1/11/13 support plan does not address how these needs will be met.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James Schrenk

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

JAMES SCHRENK

Date 6/12/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

6/14/13
(Date)

Plan of correction implementation status as of

6/14/13
(Date)

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

The above plan of correction was approved by

JP
(Initials)



Page 14A of 14

Violation: Nursing notes for resident #4 indicate increased needs in bladder mgmt, dressing and eating. The 1/11/13 support plan does not address how these needs will be met. 2600.227(d)

Plan of Corrections:

The Assessment and Support Plan of resident #4 are currently being updated by our staff LPN. The assessment and support plan will be adjusted to currently reflect the needs of this resident. The Director of Resident Care Services will schedule a monthly audit to insure the accuracy of all Assessments and Support Plans. All staff will be made aware of this violation and the plan to correct.

RECEIVED

JUN 12 2013

WEST REGION FIELD OFFICE
Human Services Licensing

James Schrenk

JAMES SCHRENK 6/12/13