



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Ms. Laura R. Roy, Executive Director
Passavant Retirement and Health Center
401 South Main Street
Zelienople, Pennsylvania 16063

RE: Passavant Retirement & Health Center – Newhaven Court
100 Burgess Drive
Zelienople, Pennsylvania 16063

Dear Ms. Roy:

As a result of the Department of Public Welfare's licensing inspection on May 28, 2013, May 29, 2013 and May 30, 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 Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 19, 2013 to September 19, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 05/28/2013, at 9:54 AM, the 05/13 medication administration record (MAR) for residents # 1, #2, #3, #4, #5 and a RASP for resident #5 were unlocked and accessible in a wooden cabinet located in the common area in the Beechwood neighborhood of the home.

On 05/28/2013, at 10:30 AM, the 05/13 medication administration record (MAR) for residents #6, #7, #8, #9, and #10 were unlocked and accessible in a wooden cabinet located in the common area in the Maplewood neighborhood 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.

Beginning immediately, all MAR's will be secured in a locked cabinet at all times. The Healthcare Coordinator will inspect MAR storage areas during rounds daily. The Healthcare Coordinator will document compliance on a CQI report (see attached addendum A) that will be reported at monthly CQI meeting. Resident Coordinators will be reminded in writing (see attached addendum B) of the importance of protecting confidential information, including MAR's.

Beginning immediately, all RASP's will be secured in the resident's chart in secured nursing office. (All staff persons providing services to the residents have 24/7 access to the nursing office.) Resident Coordinators will be reminded in writing (see attached addendum B) of the importance of protecting confidential information, including RASP's.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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

The above plan of correction is approved as of <u>8-7-13</u> (Date)	Plan of correction implementation status as of <u>8-7-13</u> (Date)
The above plan of correction was approved by <u><i>ASP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ASP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

The contract for resident #15, admitted 7/6/11, was not signed by the resident until 7/8/11.

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.

Beginning immediately all resident home contracts will be signed on the date of admission or prior to admission. The Administrator has worked with Marketing/Admissions to formulate a procedure to ensure contract is signed in the required time frame. Beginning immediately, the resident home contract will now be signed at Newhaven Court prior to the date of admission or on the date of admission with both resident and or resident's designee, Marketing/Admissions and the Administrator or Administrator Designee present to ensure compliance. (See attached addendum C)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Macedonia

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

Christine Macedonia, Associate Director

Date *7.19.13*

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The above plan of correction is approved as of

8-7-13
(Date)

Plan of correction implementation status as of

8-7-13
(Date)

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

The above plan of correction was approved by

JSP
(Initials)

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

2a. DESCRIPTION OF VIOLATION
On 5/28/13, a one-gallon bottle of bleach, with a manufacturer's label indicating "if swallowed, contact a physician or poison control center", was unlocked and accessible to residents on top of a dryer located in the laundry room closest to the Ashe neighborhood in the home. Resident # 8's most recent assessment, finalized 5/11/13, indicates that the resident has a severe problem with his/her ability to use and avoid poisonous materials and depends on direct care staff and family to use poisonous materials safely.

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.

Beginning immediately all chemicals in the home laundry rooms will be locked in cabinets above the washers/dryers at all times. Signage has been added to reinforce the need for cabinets to remain locked at all times. Staff has been reeducated in written form (see attached addendum B) of the need to keep chemicals locked at all times. Administrative Assistant will monitor weekly to ensure compliance. (See attached CQI monitor – addendum D)

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(Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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(Date)

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(Initials)

Plan of correction implementation status as of 8-7-13
(Date)

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

2a. DESCRIPTION OF VIOLATION
 On 05/28/13, at 11:33 AM, the water temperature at the sink in the common restroom across from the administrator's office measured 123 degrees Fahrenheit.
 On 5/28/13, at approximately 12:00 Noon, the water temperature at the sink in the women's common restroom near the resident mailboxes measured 136.9 degrees Fahrenheit.
 On 5/28/13 at 12:07 PM the water temperature at the corner utility sink in the second floor laundry room across from the Misty Woods neighborhood of the home measured 136.0 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.

Temperature control valves were rebuilt to enable better control over water temperatures. (See attached addendum E)

Temperature logs were created to monitor temperatures on a daily basis by recording temperatures at the source and also in the field varying the test sites throughout the building. (See attached addendum F)

Maintenance employees are taking daily reading at the source and in the field. Anytime the temperature is out of range they are required to take some corrective action and document. The log is submitted to the Maintenance Supervisor at the end of the week. The Supervisor reviews the log and reports any discrepancies to the Director of Facilities Management who will ensure proper follow up.

Staff was informally trained on May 28, 2013 about the regulation, the proper operation of the system, taking temperatures and proper documentation. Formal retraining for sign off and documentation is scheduled for August 2013. (See attached addendum G)

Daily logs are maintained by the maintenance staff and submitted to the Maintenance Supervisor who will review them and record them on a CQI report that will be reported monthly at CQI meeting on-going.

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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency service numbers posted near the telephone in resident bedroom # 263 do not include the current telephone number for the personal care home complaint hotline.

The telephone in resident bedroom # 272 does not have emergency service numbers posted nearby.

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 resident rooms and common areas have been inspected to ensure current emergency management and personal care home compliant hotline numbers are posted. Any phone number postings that are out of compliance have been replaced.

Administrative Assistant will monitor two neighborhoods per month to ensure on going compliance. (See attached CQI monitor – addendum D) All staff have been reeducated in written form (see attached addendum B) to alert the Administrative Assistant if an emergency management and personal care home compliant hotline numbers listing is missing from a resident room or common area.

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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The exit door, located at the bottom of the stairwell in the Elm Tree and in the Blue Spruce neighborhoods of the home, has an approximate 6.5" step down from the threshold to the walk outside. There is no grab bar present at either of these doorways.

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.

A grab bar was installed at the exit of all six (6) egress stairwell in the home. (See attached addendum H)

Stability of the grab bars will be checked monthly. It will be recorded on a CQI report that will be presented at monthly CQI meeting on-going. (See attached addendum I)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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The above plan of correction is approved as of <u>8-7-13</u> (Date) The above plan of correction was approved by <u><i>JSP</i></u> (Initials)	Plan of correction implementation status as of <u>8-7-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>JSP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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 in room #272, and the right bed in room #126 did not have a source of light that can be turned on/off from bedside.

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

All resident rooms have been inspected to ensure a bedside lamp for each occupant is present and operable. Administrative Assistant will monitor two (2) neighborhoods per month to ensure ongoing compliance. (See attached CQI monitor – addendum C) All staff has been reeducated in written form (see attached addendum B) to alert Administrative Assistant if a bedside lamp is missing or inoperable in a resident's room.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>9.19.13</i>
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 (Date)

Plan of correction implementation status as of 8-7-13
 (Date)

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

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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
 On 5/28/13, at 9:45 AM, approximately 10 unlabeled and undated bowls of leftover ice cream were observed in the home's kitchen freezer.

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.

Beginning immediately all food stored in the home's kitchen freezer will be labeled and dated. Cooks will monitor daily both in the am and pm along with freezer temperatures. The monitoring of labeled and dated food will be added to the current CQI temperature monitor beginning July 16, 2013. (See attached CQI monitor – addendum J) CQI monitors are reviewed by the Director of Dining Services. Dietary staff was reeducated on May 29, 2013 regarding the proper storage of frozen foods by the Director of Dining Services.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

2a. DESCRIPTION OF VIOLATION
 On 5/28/13, at 9:45 AM, approximately 10 uncovered bowls of leftover icecream were observed in the home's kitchen freezer.

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.

Beginning immediately all food stored in the home's kitchen freezer will be covered. Cooks will monitor daily both in the am and pm along with freezer temperatures. The monitoring of covered food will be added to the current CQI temperature monitor beginning July 16, 2013. (See attached CQI monitor-addendum J) CQI monitors are reviewed by the Director of Dining Services. Dietary staff was reeducated on May 29, 2013 regarding the proper storage of frozen foods by the Director of Dining Services

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 (Date)

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

Plan of correction implementation status as of 8-7-13
 (Date)

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
On 5/28/13, resident #2's cat was present at the home. The home does not have a current certificate of rabies vaccination for resident #2's cat.

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.

Beginning immediately all cats and dogs present in the home shall have a current rabies vaccination on file with the home. The Administrative Assistant will maintain a file of all pets in the home and due dates for their annual rabies vaccinations. The Administrative Assistant will call resident and/or designee 30 days prior to the rabies vaccination due date to request that the resident and/or designee schedule the annual appointment. Administrative Assistant will notify the Administrator of any animals that are out of compliance. The Administrator will notify the resident and/or designee to remove the pet immediately from the home. (See attached addendum K)

Resident #2 provided up-to-date documentation that her cat is now in compliance (see attached invoice from the Cranberry Cat Clinic – addendum L)

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

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(Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7-19-13*

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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 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 5/28/12, at 1:45 PM, a covered grill sitting outside of the exit door in the home's front hallway near the resident mail boxes blocked egress from the home.

Double doors lead to an enclosed porch with no means of egress in multiple sections on the second floor of the home, including the "Misty Woods", "Blue Spruce", and "Apple Cross" sections. There is no sign to indicate this is not an exit route from the home. The home currently serves 97 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.

The grill was removed on May 28, 2013 and has been relocated at the rear of the home in a courtyard area that will not obstruct egress -- (see attached addendum M). It is secured to prevent accidental movement into an egress area. Staff was reeducated in written form (see attached addendum G) of the importance of keeping all areas of egress unobstructed.

All doors leading to areas with no means of egress were labeled with signage indicating that doors are "NOT AN EXIT" on May 29, 2013 by Associate Director. Permanent signage will be purchased to ensure long term compliance. Signs will be checked and documented by maintenance monthly on a CQI report -- (see addendum I). The CQI report will be presented at monthly CQI meeting on-going.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is 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.

The fire alarm policy was revised on 7/2013 to include fire watch beginning immediately and every half hour thereafter when a smoke detector or fire alarm is inoperable. (See attached addendum N) Staff was reeducated in writing (see attached addendum G) on the fire alarm policy updates.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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The above plan of correction was approved by <u><i>QOP</i></u> (Initials)	

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
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1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most recent fire safety inspection and drill observed by a fire safety expert, conducted 5/14/13, was not conducted within the annual timeframe plus grace period under this regulation. The home's previous fire safety inspection and drill observed by a fire safety expert was conducted on 4/27/12.

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.

Beginning immediately the home will have a fire safety inspection and drill observed by a fire safety expert conducted within the annual time frame. The fire safety inspection and drill observed by a fire safety expert has been added to the scheduled Regulatory Compliance PM in the MicroMain system. (This is an organizational computer system used to track and alert for scheduled compliance maintenance.) It is scheduled for the first week in March annually. A work order will be generated to schedule the inspection. Once the annual letter is received back from the fire safety expert it will be scanned into the system to document the inspection and drill. The Director of Facilities Management is responsible for ensuring annual compliance.

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1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted on 10/14/12, 1/31/13, 4/26/13 and 5/14/13, does not include evacuation times in minutes and seconds; but only records evacuation times in rounded 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.

Beginning immediately all fire drill evacuation times will be recorded in minutes and seconds and not rounded in minutes. All staff involved in conducting fire drills will be trained in the proper way to document fire drill times. (See attached addendum G) All monthly drills will be reviewed by the Director of Facilities Management for compliance and any discrepancies will be noted and proper follow up action taken. Results of the reviews will be documented on a CQI report (see attached addendum O) and presented monthly at CQI meetings on-going.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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

The above plan of correction is approved as of <u>8-7-13</u> (Date)	Plan of correction implementation status as of <u>8-7-13</u> (Date)
The above plan of correction was approved by <u><i>JSP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
~~The medical evaluation for resident #11, dated 12/28/12, does not include the resident's health status and cognitive functioning.~~

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.

Beginning immediately all medical evaluations will be completed in their entirety within the required time frame. The Unit Clerk will review all medical evaluations upon receipt for accuracy and completeness, and address any discrepancies with the physician promptly. The Unit Clerk will be trained on completion of medical evaluations and regulations pertaining to them by the Administrator within seven (7) days – completion date 7.22.13. (See attached addendum P)

Resident #11's DME was submitted to the physician for completion on 7.15.13 (see attached addendum Q).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 12's most recent medical evaluation was completed on 10/19/12. The resident's previous medical evaluation was completed 8/5/11.

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.

Beginning immediately all medical evaluations will be completed, initially, annually and any time there is a significant change within the required time frames. The Unit Clerk was re-educated in writing (see attached addendum P) on July 18, 2013. The Unit Clerk will monitor using the CQI monitor (see attached addendum U) on a monthly basis to ensure compliance.

9-10-13 the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each residents' record.

9-10-13 a resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. JHP 8-7-13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 A smoking area for the home's staff was located on a walkway directly outside of an exit door by the "Oaks" neighborhood.

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 smoking area for staff will be relocated to the rear of the building away from any common walkways or entrances and a minimum of 20 feet from the building. This will be completed by 7.22.13. (See attached addendum R). All staff will be verbally notified of the change.

9-10-13 All staff will be educated on the home rules for smoking and the homes policy and procedures for smoking including the designated smoking area. Documentation will be kept. JFP 8-7-13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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 (Date)

Plan of correction implementation status as of 8-7-13
 (Date)

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

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident #13, self administers medications and stores medications in his/her room. On 5/30/13, resident #13's medications, including the following: divalproex sodium tablets, acetaminophen 650 mg tablets, aspirin 81 mg tablets, hydrochlorat tablets, montelukus tablets, paroxetine tablets, and systane eyedrops, were unlocked, unattended, and accessible in the resident's room.

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 #13's medications have been moved to a secured cabinet within the apartment. All resident medications will be located in a secured cabinet within their apartments. All residents who self-medicate will have a MAR reflecting such as a nursing measure and will be monitored/signed for by the Resident Coordinator assigned to them daily. Staff will be trained by the Administrator in writing (see attached addendum B) and verbally within seven (7) days – completion date 7.22.13 – on self-medicating residents and their medication storage.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #16's prescribed medication, zolpidem 5 mg tablet - take 1 tablet by mouth at bedtime as needed for insomnia (not to exceed 3 doses per week, was discontinued on 1/25/13 by the resident's physician. Resident #16's 05/2013 medication administration record (MAR) was not updated to reflect this change and still listed zolpidem 5 mg as a prn medication 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.

Beginning immediately all physician orders will be noted and transcribed on the MAR's upon receipt by the Healthcare Coordinators or Unit Clerk. The Healthcare Coordinators or Unit Clerk will be reeducated in writing as to the procedure for transcribing new orders. (See attached addendum B). Going forward the Healthcare Coordinators and Unit Clerk will conduct MAR audits monthly.

9-10-13 the administrator or designated staff person will review all current physician orders and resident MAR's to ensure all medication records are accurate and correct. JPP 8-7-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>9.19.13</i>
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The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JPP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

There is a discrepancy on the 05/2013 medication administration record (MAR) as compared to the prescription label on the medication for the following residents as follows:

- *Resident #18's 05/2013 MAR indicates simvastatin 10 mg - take 1 tab by mouth at bedtime, however, the label on the resident's medication indicates simvastatin 20 mg - take 1/2 tab by mouth at bedtime.
- *Resident # 11's 05/2013 MAR indicates toviaz 4 mg - take 2 tabs (8mg) by mouth every morning, however, the label on the resident's medication indicates toviaz 8 mg - take 1 tab by mouth every morning. Resident #11's 05/2013 MAR indicates ferrous sulfate 325 mg - take 1 tab by mouth every day, however, the label on the resident's medication indicates ferrous sulfate 325 mg - take 1 tab twice daily.

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.

Beginning immediately all MAR's will reflect the physician's orders and match pharmacy labels. When prescriptions are received from the pharmacy the label will be compared to the physician's order and MAR for accuracy by the Healthcare Coordinators or the Unit Clerk. The Healthcare Coordinators and the Unit Clerk will be educated in writing (see attached addendum S) and verbally by the Administrator as to the procedure for MAR accuracy and medication received.

All Resident Coordinators were reminded in writing (see attached addendum B) to report any discrepancies between MAR entries and pharmacy labels to the Healthcare Coordinators immediately during med passes.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *7.19.13*

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The above plan of correction is approved as of 8-7-13
 (Date)

Plan of correction implementation status as of 8-7-13
 (Date)

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

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

2a. DESCRIPTION OF VIOLATION
 Resident #14's prescribed medication - bupropion SR 150 mg tablet - take 1 tab by mouth twice a day was not available in the home, and not administered the following dates/times: 5/8/13 - 2:00PM dose, and 5/9/13 - 8:00AM dose.

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.

Beginning immediately all resident medications will be available in the home at all times. Residents' using an outside or mail order pharmacy will be notified that if medications are not provided and/or available at the time needed a supply will be obtained from the house pharmacy at the resident's expense until the outside supply is available. The Healthcare Coordinator, Unit Clerk and Resident Coordinators will be educated by the Administrator on the process for obtaining medications within seven (7) days - 7.22.13 both in writing (see attached addendum B) and verbally.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-7-13</u> (Date) The above plan of correction was approved by <u><i>ASP</i></u> (Initials)	Plan of correction implementation status as of <u>8-7-13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ASP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

The pre-admission screening form for resident #16, admitted 1/7/13, is dated 1/9/13.

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.

Beginning immediately the Administrator or the Administrator's designee will complete pre-admission screening within 30 days prior to the admission on the Departments' pre-admission screening form. The Associate Director reviewed the Department's policy on the completion and time frame for the pre-admission document on 5.29.13 with the Administrator and Healthcare Coordinator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-7-13
 (Date)

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

Plan of correction implementation status as of 8-7-13
 (Date)

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

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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.

2a. DESCRIPTION OF VIOLATION

Resident #10's initial assessment, finalized 2/23/13, does not address the resident's diagnoses of glaucoma, lazy eye, periodontal disease, cystic lymphadema purpura, and fungal dermatitis as indicated on the resident's medical evaluation, dated 1/21/13.

Resident #16's initial assessment, finalized 1/20/13, does not include an assessment of the resident's social and recreational needs.

Resident # 17's initial assessment, dated 4/30/13, does not address the resident's diagnoses of history of falls, acute DJD, mild late life depression, and mild thrombocytopenia as indicated on the resident's medical evaluation, dated 4/17/13.

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.

Beginning immediately the initial assessment will include all diagnosis listed on the DME by the physician. All initial assessments will be completed in their entirety addressing all required information. The Healthcare Coordinators will be reeducated on proper completion of initial assessments and RASP's by the Administrator within 30 days (8.15.13) - (see addendum T). Administrator will audit RASP's periodically for compliance.

9-10-13 the administrator or designated staff person will review all current resident assessments for accuracy and completion including all diagnoses.

9-10-13 the administrator or designated staff person will review all new resident assessments for accuracy and completion including diagnoses.

8-7-13 JJP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Associate Director</i>	Date <i>7.19.13</i>
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The above plan of correction was approved by <u>JJP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JJP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42406 - 05/28/2013 - Mandock, Nancy
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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

Resident #8's most recent assessment, dated 5/11/13, does not include an assessment of the resident's needs in the following areas: eating, irritability, and judgment.

Resident #12's most recent assessment, dated 10/19/12, does not address the resident's diagnoses of chronic back pain, hyperparathyroidism, an open wound R shoulder as indicated on the resident's medical evaluation, dated 10/19/12.

Resident # 14's most recent assessment, dated 10/20/12, does not address the resident's diagnoses of cognitive impairment, history of colon cancer, hyperlipidemia, and basal cell carcinoma of the skin as indicated on the resident's medical evaluation, dated 8/14/12.

Resident #15's most recent assessment, finalized 1/10/13, does not address the resident's diagnosis of hypothyroidism as indicated on the resident's medical evaluation, dated 1/10/13.

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.

Beginning immediately the annual assessment will include all diagnosis listed on the DME by the physician. All annual assessments will be completed in their entirety addressing all required information. The Healthcare Coordinators will be reeducated on proper completion of annual assessments and RASP's by the Administrator within 30 days (8.15.13)-(see addendum T). Administrator will audit RASP's periodically for compliance.

9-10-13 the administrator or designated staff person will review all current resident assessments for accuracy and completion including all diagnoses.

9-10-13 the administrator or designated staff person will review all new resident assessments for accuracy and completion including diagnoses. JJP 8-7-13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Macedonia, Associate Director* Date *9.19.13*

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