



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2013

Mr. Michael Stevens, Chairperson
Allegheny Christian Ministries, Inc.
Laurel View Village
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

Dear Mr. Stevens:

As a result of the Department of Public Welfare's licensing inspection on June 19, 2013 and June 20, 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 October 9, 2013 to October 9, 2014 was issued on June 2, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa. Code §2600

WEST REGIONAL PENNSYLVANIA
Human Services

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 6/19/13, the medication administration record for all residents of the secure dementia care unit (SDCU) was open and unattended on top of the medication cart in the SDCU all purpose 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.

2600.17

All medication records will be placed in the locked medication cart when the medication cart is unattended. LPN's, because they administer medications, were in-serviced by Director of Health Services concerning record confidentiality at 07/17/13 staff meeting. The Administrator and Personal Care Coordinator will be responsible for monitoring compliance.

See attached # 1

8-15-13 - All staff persons will be educated on the home's policy and procedure for maintaining resident records and information in a confidential manner. Documentation of education will be kept. 7-24-13

8-15-13 - The administrator or a designated staff person will check the home daily to ensure resident records and information are maintained in a confidential manner. 7-29-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Gorsuch, PCA

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

Christina Gorsuch, Administrator

Date

07-25-2013

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

The above plan of correction is approved as of

7-29-13
(Date)

Plan of correction implementation status as of

7-29-13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *7-29-13*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

CG
(Initials)

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden

PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #5's contract, dated 2/28/13, was not signed by 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.

2600.25(b)

All resident contracts will be signed by the resident and by the payer if different from the resident. Resident #5 was asked to sign the contract on 07/25/13. Admission Coordinator was educated regarding requirements surrounding completion of resident-home contracts. The Administrator and designee will be responsible for the correct signing of resident contracts in accordance to the regulation through retraining and quarterly review of records.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Garschke, PA

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

Christina Garschke, Administrator

Date

07-25-2013

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Partially Implemented - Adequate Progress *7-29-13*

Partially Implemented - Inadequate Progress

Not Implemented

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g
(Initials)

RECEIVED

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600
2600.42(r) - A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

2a. DESCRIPTION OF VIOLATION
The visiting hours listed in the resident contract indicate "Residents are free to receive visitors for a minimum of 8 hours daily- 7 days per week."

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

2600.42(r)
Each resident has the right to receive visitors for a minimum of 12 hours daily, 7 days a week. Laurel View Village's Personal Care Center visiting hours are considered 24 hours a day and are identified in home rules. The Personal Care resident contract was corrected on 06/20/13 to specify the residents right to receive visitors 12 hours daily, 7 days a week. All residents were informed of their right to receive visitors per memo on 07/25/13.
See attached # 2

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christina Gorschak*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Gorschak, Administrator* Date *07-25-2013*

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(Date)

Plan of correction implementation status as of 7-29-13
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *7-29-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Aiden
 PCH Name: LAUREL VIEW VILLAGE

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
 On 6/20/13, the bed in room #524 did not have an operable lamp or 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.

2600.101(j)(7)
 Each resident will have an operable lamp or other source of lighting that can be turned on bedside. As per resident preference, Room #524 had a lamp placed across the room on another table and had a bedside flashlight but when demonstrated use, did not consistently turn on. On 06/21/13, resident agreed upon a lamp and a lamp was placed beside on nightstand. All resident bedrooms were checked the week of June 24, 2013 and all were found to have a source of light that can be turned on/off at bedside. A regular check of bedside lamps/lighting will be completed by staff and monitored through Quality Management for compliance. It will be the responsibility of the Administrator and Personal Care Coordinator for compliance.

8-15-13 - The Administrator or designated staff person will check the home at least weekly to ensure each resident bedroom has an operable lamp or other source of lighting that can be turned on/off at bedside. 7-29-13

8-15-13 - All staff persons will be educated on the importance of bedside lighting and the safety of residents. Documentation of education will be kept. 7-29-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/30/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Gorsuch, PCA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine Gorsuch, Administrator* Date *07-25-2013*

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>7-29-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden
 PCH Name: LAUREL VIEW VILLAGE

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 home's fire drill record did not indicate the time of evacuation in minutes and seconds for the fire drills conducted on 6/27/12, 7/28/12, 9/28/12, 2/28/13 and 3/27/13. The fire drill record indicated all drills were conducted in 6 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.

2600.132(c)

The fire drill record will include the date, time and amount of time it took for evacuation. The Director of Environmental Services will revise the way fire drill times are recorded, changing from rounding to the minute to recording exact evacuation times, to the second. Fire drill evacuation times will be recorded by the Environmental Services staff down to the second, starting 08/01/13. In the event that evacuation times are beyond allowable time limits, an unannounced fire drill will be repeated. As of 06/19/13, The Director of Environmental Services was instructed on the proper way to document fire drill evacuation times. The Administrator will monitor for compliance following fire drills.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Gorschak, Administrator</i>	Date <i>07-25-2013</i>
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The above plan of correction is approved as of 7-29-13
 (Date)

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

Plan of correction implementation status as of 7-29-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-29-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden
 PCH Name: LAUREL VIEW VILLAGE

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 home routinely scheduled fire drills at the end of each month as follows:

The home scheduled fire drills on the 28th of the month in July 2012, September 2012 and February 2013.

The home scheduled fire drills on the 29th of the month in February 2012 and August 2012.

The home scheduled fire drills on the 30th of the month in January 2012, March 2012, April 2012, November 2012, and December 2012.

The home scheduled fire drills on the 31st of the month in May 2012, October 2012, January 2013, and May of 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.

2600.132(g)

Fire drill dates and times shall be staggered so that staff and residents are prepared to respond in different fire scenarios. The Director of Environmental Services will schedule fire drills on different days and at different times throughout the month, starting 08/01/13. Beginning 08/01/13, fire drills will be performed throughout the month and on different days, to ensure staff and residents are prepared to respond to different scenarios. The Director of Environmental Services was educated regarding the requirements of the regulation regarding scheduling fire drills, and all PC staff will be in-serviced by the Director or Environmental Services regarding fire drill guidelines by 08/20/13. The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Gorschak, Administrator* Date *07-25-2013*

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Violation Report: 32135 - 06/19/2013 - Miller-Linhart, Alden
 PCH Name: LAUREL VIEW VILLAGE

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 6/19/13, a container of Novolog 100 unit was unlocked and accessible to residents on a medication cart in the hallway near the dining room.
 On 6/19/13, the medication cart in the hallway of the secure dementia care unit was unlocked and unattended.

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

2600.183(b)
 All medications and syringes will be kept in an area or container that is locked. The medication cart will be locked when unattended. LPN's, because they administer medications, were in-serviced by Director of Health Services concerning medication administration and storage of medications and medical supplies at 07/17/13 staff meeting. The Administrator and Personal Care Coordinator will be responsible for monitoring compliance.
See attach #1a-h

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Gorschak, Administrator</i>	Date <i>07-25-2013</i>
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