



OCT 18 2013

Mr. Frank Minelli, Administrator/Owner
Pittston Heavenly Manor Inc.
Pittston Heavenly Manor
51 North Main Street
Pittston, Pennsylvania 18640

Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on July 3, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written in a cursive style.

Ronald Melusky
Director

Enclosures
License
License Inspection Summary

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

PCH Name: PITTSTON HEAVENLY MANOR		License Number: 21889
Address: 51 NORTH MAIN STREET, PITTSTON, PA 18840		County: Luzerne
Administrator: Michelle Burke		Region: NORTHEAST
Legal Entity Name: PITTSTON HEAVENLY MANOR INC		
Legal Entity Address: 51 NORTH MAIN STREET, PITTSTON, PA 18840		
Certificate(s) of Occupancy C-2 LP 05/10/1999 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Working Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 07/03/2013; Rushin, Julienne; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random indicators
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 55	Number of Residents who:	
Number of Residents Served: 51	Receive Supplemental Security Income: 49	
Secured Dementia Care Unit in Home: No	Are 65 Years of Age or Older: 30	
Area:	Have Mental Illness: 47	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 4	
Number of Current Hospice Residents: 1	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 4		

Violation Report: 21889 - 07/02/2013 - Rushin, Juliene POH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 55 Pa. Code §2600 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	
2a. DESCRIPTION OF VIOLATION The home did not maintain quarterly accounting records in the following resident records: Resident #1 (5-9-12 to 2-5-13) Resident #2 (2-20-13 to 6-20-13) Resident #3 (3-1-13 to 7-1-13) Resident #4 (5-23-12 to 7-3-13)	
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.	
<p>The regulation is important because residents need to be aware of their finances and that they take care of properly.</p> <p>The regulation was violated because the financial reports were not done.</p> <p>The cause of violation administrator did not complete the financial quarterly report paperwork.</p> <p>All residents receiving money or having it held for them the financial papers were filled out and resident signed they received copy. Will fax copy of same attached to this page.</p> <p>In the future the home^{person} administrator will complete a monthly audit to ensure the paper is complete; audit sheet attached. This will be checked by supervising administrator to make sure it is complete.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Bueke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Bueke Administrator</i>	
Date <i>9/10/13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by <u><i>MB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 FCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

The home did not maintain an accounting of a final financial statement that was forwarded to the residents or their designee within 30 days of discharge. Resident #5 had a discharge date of 5-8-13. Resident #6 died 5-30-13.

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.

The regulation is important so that family for resident know of any final expenses or refunds that need to be made to facility.
 There was not a final statement sent to family/friend in a timely manner. Attached are letters sent to family member #6 resident and letter to Resident #5.
 Along with signing transfer sheet of residents for belongings/financial status there will be a letter of final financial statement given or mailed to residents and copy placed in chart within thirty days.
 In the future supervising administrator will check to make sure that they are complete and done in a timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Buehl

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

Michelle Buehl Administrator

Date

9/17/13

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The above plan of correction is approved as of 9-19-13
 (Date)

Plan of correction implementation status as of 9-19-13
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne PCH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 55 Pa.Code §2500 2600.61 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).	
2a. DESCRIPTION OF VIOLATION Records for staff person "A" hired on 4/18/13 do not contain a Criminal Background Check.	
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.	
<p>The regulation is important for the safety of the residents. The regulation was violated because the background check was not in file.</p> <p>The cause was not proper filing of the paperwork of the staff member.</p> <p>The immediate fix to violation was to obtain new background check; also try to find original. In the meantime a second part of the background check was obtained and inspected called inquiring and sent; the staff member was terminated upon receiving the second part of background check.</p> <p>There was a check list on the front of the file of all staff members. The new check list is attached. The criminal background re received it will resend.</p> <p>The files will be reviewed weekly on random days to make sure all papers are in place & accurate. The administrator will be responsible to make sure Complete.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buelle</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buelle Administrator</i>	
Date <i>9/07/13</i>	
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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 07/03/2013 - Rushin, Julieanna
 FCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person "A" was hired on 4/18/13 and has been providing care to residents without a criminal background check.

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 regulation is important because of safety of residents. The regulation was violated because the original background check could not be found. The cause was not having all personnel files up to date and accounted for. The immediate fix would have been to obtain another background check; faxed the criminal history check to DPW office. The staff member was terminated after being questioned about record; she stated "I thought they dropped those." She pleaded to being with the person who committed crime; she stated. It was determined by management that due to pending crime and offenses termination be given as employee had no proof of case being dismissed. It is a prohibited offense according to controls of background and employee also signed that it was not there was no record knowing there was. See attached paper

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Michelle Burke

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Michelle Burke Administrator

Date

9/07/13

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9-19-13
(Date)

Plan of correction implementation status as of

9-19-13
(Date)

The above plan of correction was approved by


(Initials)

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in the future; the administrator check on files weekly to ensure complete and that all of the background checks come back in a timely fashion and if pending report check daily until it arrives.

The administrator/owner are responsible for ensuring the personnel regulation are met before employees are scheduled to work.

page 6 of 24 Regulation 2600.63(a)

All of staff training is on calendar in front training book.

Employer does the scheduling of staff numbers and administrator is to report if someone needs training in CPR/first aid, so they can arrange the schedule accordingly.

Monthly checklist is made for tool for administrator to check who may need update training.

CPR PRO in-person training 4 hour class Hackawanna ambulance in Scranton.

Mickelle Buckle Administrator 9/07/13

Anne Grayson 9-19-13

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 FCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home's direct care staff schedule for 6/3/13 indicates that only 2 staff persons, "D" (hired 3/1/08) and "C" (hired 7/25/05) provided direct care to residents on the 11:00pm to 7:00 am shift. Records indicate that neither staff persons are currently trained in first aid or CPR.

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 regulation is important for the safety of the residents. The regulation was violated because staff member "D" did not have re-certification card and staff member "C" copy of card was not present in office. The cause not proper documentation on right amount of people were certified on shift.

The staff member "D" received CPR from CPR Pro accredited heart association verification 4 hour training class given from Sunny Ambulance Services in Pittston, this class is in-person instruction with demonstration.

The administrator keeps track of who needs CPR & R training a new tool as 9/10/13 has been implemented to put renewal information on staff list per [redacted]

Please see attached sheet.

Heart Saver First AID

from CPR Pro accredited heart association verification 4 hour training class given from Sunny Ambulance Services in Pittston, this class is in-person instruction with demonstration.

Adm or designee will review staff CPR-1st Aid creds at least monthly

9-19-13

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/08/2012

Signature of Legal Entity Representative (Required on EVERY Page) Nichelle Burke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nichelle Burke Administrator Date 9/10/13

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The above plan of correction is approved as of 9-19-13 (Date)

Plan of correction implementation status as of 9-19-13 (Date)

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

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

Violation Report: 21889 - 07/03/2013 - RUSK, Juliana
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2800
 2800.55(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person "B", hired 3/5/13, is not currently trained in first aid or CPR. Records for staff person "B" indicate she completed an online course and was not trained by a certified individual certified in obstructed airway or by a recognized health care organization.

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 regulation is important because the staff should be able to demonstrate the ability to correctly perform CPR and first-aid.
 The regulation violated because not an in-person training accredited class.
 The cause of violation was establishment accepted First aid / CPR from staff member.
 Staff member B; was told that CPR/First unacceptable and why. Staff member was then given options of in-person training sites. Sunny ambulance in Pittston or Jackawanna ambulance in Scranton or American Red Cross buildings.
 In the future the administrator will check to make sure every new hire has an accredited in-person training card and if not they will be instructed where to receive the training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Buell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Buell Administrator* Date *9/06/13*

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

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Records for direct care staff person "B", hired 3/5/13, indicate he/she did not receive 1 Day Orientation until 3/28/13.

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.

The regulation is important because training not received at time of hire. Safety of residents for staff to have knowledge before working on floor.

The initial training will be given on the day of hire with the administrator. The 40-hour training and PCA training will done at this time. It will be signed by administrator and staff member. The paperwork will be part of employee file. The administrator will notify employer that training is complete and they will then be put on the schedule after that.

Adm or designee will audit all employees to insure current compliance.

records of existing eg. 9-19-13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke Administrator* Date *9/07/13*

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The above plan of correction is approved as of 9-19-13
 (Date)

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

Plan of correction implementation status as of 9-19-13
 (Date)

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

Violation Report: 21559 - 07/09/2013 - Rushin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Records for direct care staff person "D", hired 3/1/08, indicate he/she did not complete the Department's web-based Initial Direct Care Staff Training.

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 staff member was hired 10/03/06 and the employee was then added for continued employment on 6/10/08; The employees file will reflect the clause of regulation of being grandfathered to staff will attach change to violation report. It will be documented on check sheet in record.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nichelle Burke

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

Nichelle Burke

Date

9/09/13

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The above plan of correction is approved as of 9-19-13
 (Date)

Plan of correction implementation status as of 9-19-13
 (Date)

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

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

P9A 8/24

pg 9 of 24

Regulation 2600.65(d)

The administrator will keep track of employee files and ask employee in future if there is any question of when employee was hired and should be in documents and where it can be obtained if not hands.

The cause of violation administrator did not review the entire chart so the future administrator will review and use tool for check list for paperwork of staff.

Michelle Burke Administrator 9/19/13

Aimee Higgins 9-19-13

65d	<p>2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:</p> <ol style="list-style-type: none"> (1) Training that includes a demonstration of job duties followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: <ol style="list-style-type: none"> (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home. 	
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- Discussion:** The following staff are exempt from these requirements:
- Any staff person hired on or before April 24, 2006 who has not had more than one year's break in service
 - Any volunteer retained on or before April 24, 2006 who has not had more than one year's break in service
 - A Certified Nurse Assistant (CNA) with a current certificate in good standing
 - A Licensed Practical Nurse (LPN) with a current license in good standing
 - A Registered Nurse (RN) with a current license in good standing
 - A Physician with a current license in good standing
 - An Emergency Medical Technician (EMT) with a current license in good standing

The training course and competency test are web-based and available on the Department's website. After successful completion of the course and the test, direct care staff persons will receive a "Certificate of Completion" that must be printed and kept in the employee's file. An individual may start and stop the training at any time.

If a staff person has completed the required initial direct care staff person training and competency testing as a direct care staff person at another home, the requirement for initial direct care staff person training and competency testing in this section does not apply if the staff person provides written verification of completion of the prior training and competency testing. There is no time limit as to how long prior to the employment transfer the orientation and competency testing may be completed.

Inspection Procedures: Inspectors will review staff records to determine the required training and passing of the test were completed before the direct care staff person performed unsupervised ADL services, or if the staff person is exempt from the requirement.

Primary Benefit: Ensures that each individual who provides assistance with ADLs is trained to do so properly.

Mitchell Burke Adm. Pg. 9 of 24
Anne Shazie 9-11-13

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne PCH Name: PITTSTON HEAVENLY MANOR	
1. REGULATION 55 Pa.Code §2800 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Records for Direct Care Staff person "D", hired 3/1/08, indicate he/she did not complete 12 hours of training for 2012.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Includes 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.	
<p>The regulation is important because staff need to be properly trained.</p> <p>The regulation was violated because staff did not receive proper training.</p> <p>The cause of violation was due to union administrator not completing training.</p> <p>The administrator will make sure prior training is made up and that employee receives current training also for this year.</p> <p>The employee arranges part of training for CPR / first aid and diabetic; administrator coordinates the rest of training. It is documented for calendar year in training book. The hours are individual marked on grid sheet for each staff member. Will attach progress of staff member for year to violation. In future administrator will check monthly that training for that particular staff member are complete.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	
Date <i>9/10/13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by <u><i>OB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21889 - 07/03/2013 - Rushin, Julianne
 PCH Name: FITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.05(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The home's 2012 Training Records indicate direct care staff did not receive training on the following topics: Medication Self-Administration Training; care for residents with dementia and cognitive impairment; personal care service needs of the resident; safe management techniques; and care for residents with mental illness/mental retardation.

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 regulation is important because of staff needing to be trained properly in the areas to take care of residents. The staff will complete the training for this year as scheduled and then will also complete make up training from previous years. Copy of progress will be attached to this document. The administrator will check monthly to make sure all staff is in attendance of classes they need for training for this year and previous.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burka*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burka Administrator* Date *9/08/13*

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 Not Implemented

<p>Violation Report: 21889 - 07/03/2013 - Rushin, Julianne PCH Name: PITTSTON HEAVENLY MANOR</p>	
<p>1. REGULATION 55 Pa. Code §2600 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.502). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.</p>	
<p>2a. DESCRIPTION OF VIOLATION The home's 2012 Training Records indicate direct care staff and ancillary staff did not receive training in Fire Safety.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must stamp 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.</p> <p>The regulation is important for resident safety & staff awareness.</p> <p>All of staff received fire safety training for 2013. This will be attached to document. The staff will participate in make up classes for any training not received last year.</p> <p>The administrator will check monthly to make sure training assignment is complete for month and all staff has been in attendance.</p>	
<p>Repeat Violation: No</p>	<p>Date(s) of Previous Violation(s):</p>
<p>Signature of Legal Entity Representative (Required on EVERY Page) <u>Michelle Bueke</u></p>	
<p>Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Michelle Bueke Administrator</u></p>	
<p>Date <u>9/08/13</u></p>	
<p>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</p>	
<p>The above plan of correction is approved as of <u>9-19-13</u> (Date)</p>	<p>Plan of correction implementation status as of <u>9-19-13</u> (Date)</p>
<p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>

Violation Report: 21889 - 07/03/2013 - Rushin, Julieanne
 PGH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2500
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident rooms 210 and 306 had a strong odor due to urine soaked clothing left in a laundry basket and urine stained carpeting.

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 regulation is important to maintain sanitary conditions.
 The regulation was violated because of excess soiled laundry in rooms.
 The cause was incontinent resident having dirty clothes in closet.
 The clothing was removed and washed and returned to resident.
 The laundry will be checked by housekeeping more than the usual 2x's a week for residents with soiled clothing. PCA will check when doing hourly room checks and notify housekeeping to wash. The PCA will be responsible for bringing clothes down to laundry.
 See attached for further notes.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle Administrator* Date *9/08/13*

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Regulation 2600.85A

The house manager will check daily to make staff is in compliance. A list of incontinent resident will be in assignment book.

The carpeting will be cleaned by housekeeping as soon as incident occurs.

The PCA will do room checks and notify housekeeping if there is a soiled area to clean. The housekeeping supervision will make sure job is completed.

Diane Grayno 9-19-13

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit located in the first floor medication room did not contain a breathing shield.

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 regulation is important for emergency first aid / CPR in work place.

The breathing was not with the first aid kit.

The breathing shield was attached to first aid kit in medication room.

The med techs will be responsible to check for mask when they arrive on shift and when they are leaving the shift. There will be a log sheet implemented in narcotic book because you have count in beginning and end of shift and will remind to check if they have to sign for it.

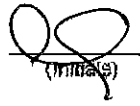
Administrator will check daily that this is followed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueks Administrator* Date *9/08/13*

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 PGH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Resident room 310 is occupied by 3 residents but has only 2 chairs. Resident room 202 is occupied by 2 residents but has only 1 chair.

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 regulations is important it part of their furniture in room.
 The cause was because of missing chairs from room.
 The chairs were replaced from extra on first floor.
 The housekeeping will notify staff of missing furniture and replaced immediately. The administrator will notify employee with of the need to buy for room to replace. The housekeeping manager will check daily to make sure staff is doing the job. The administrator will check with house manager daily to make sure furniture is in proper place and if in need of repair will notify maintenance and write in log.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/08/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *9/08/13*

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

The above plan of correction is approved as of 9-19-13
 (Date)

Plan of correction implementation status as of 9-19-13
 (Date)

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

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

Violation Report: 21869 - 07/03/2013 - Rushin, Jullienne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 85 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The resident bed located near the door in room 310 was missing bed sheets and a blanket.

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 regulation is important because the resident's need to have all items in room at all times.

The regulation was violated because sheets and blanket.

The cause of violation staff did not make the bed.

The housekeeping staff was told to make the bed at time of inspection.

The housekeeping staff was reminded of their job description verbally by administrator that when they strip beds they are to remake them at that time.

This administrator will post a sign in laundry room as reminder; the sign attached to this page.

The house manager will check daily to make sure all beds are made and residents have necessary items in room and to notify administrator if they need to get something we do not have in house.


The administrator will check with house manager that this is done.

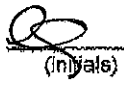
Repeat Violation: Yes Date(s) of Previous Violation(s): 12/06/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *9/08/13*

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne PCH Name: PITTSTON HEAVENLY MANOR	
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 Resident room 210 does not have a bed side lamp or any other source of lighting within reach.	
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.	
<p>The regulation is important because all items must be operating and physically there in room; safety of resident for light within reach.</p> <p>The regulation was violated because not all items were in room.</p> <p>The cause housekeeping staff did not check rooms or report any items missing.</p> <p>The housekeeping put lamp in room. The housekeeping will be responsible for checking on 7-3 shift daily all items present while cleaning rooms and then report to house manager. The house manager will check to see if we have item on site if not report to administrator. The administrator will get the item needed after calling employee to let them know. The house manager will check on 7-3 to make sure present if this is not maintained staff will be disciplined.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/08/2012
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buoko Administrator</i>	
Date: <i>9/08/13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21889 - 07/03/2013 - Rushin, Julienne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The bathrooms in resident rooms 205 and 210 do not have a soap dispenser.

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 regulation is important because the resident need wash their hands after being in bathroom or to wash up in morning.
 The regulation was violated because the soap dispensers not present in room.
 The cause housekeeping staff did not put or tell administrator to order dispensers in bathroom.
 The bathrooms that did not have soap dispensers were provided with liquid hand soap in plastic containers purchased at store (the hand soap dispensers; liquid) and placed in room will check weekly by housekeeping and replace as needed. The ~~then~~ soap dispensers were ordered from American Janitor and when they arrive maintenance will install them. Then housekeeping in charge of filling them. The housekeeping supervisor will be responsible to make sure all are filling. The house manager will check and administrator do random
 See attached

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *9/08/13*

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

The above plan of correction is approved as of <u>9-19-13</u> (Date)	Plan of correction implementation status as of <u>9-19-13</u> (Date)
The above plan of correction was approved by <u>OR</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

pg. 18 of 24

Regulation 2600.102(i)

Administrators/designees will do unannounced
random check once a month to ensure

compliance. If staff not in compliance

^{action}
~~discipline~~ disciplinary action will be taken

Anne Gray 9-19-13

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2800.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 A plastic storage bag containing 10 veal cutlet patties was found in the home's freezer and was not sealed.
 One 1.5 pound container of dried oregano spice was found in the kitchen with no lid or cover.

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.

This was corrected at time of inspection, in the future the cook for each shift 7-3, 3-6, 10-6 will check at the end of each shift that the food is marked and in a proper closed container. weekly check by the administrator that this being performed.

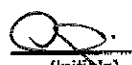
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke Administrator Date 08/09/13

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

The above plan of correction is approved as of 9-5-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-5-13
 (Date)

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

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 3 months.

2a. DESCRIPTION OF VIOLATION
The home conducted its last "sleeping hour" fire drill on 1/31/13 @ 10:30 pm.

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

The regulation is important because resident and staff need to be aware of what to do in a fire emergency.

The regulation was violated because our next fire-drill was not performed.

The cause of violation the administrator did not perform the drill when it was due.

The immediate fix to the problem was to have overnight drill 7/08/13 @ 12:00am; the inspector received copy when came to facility to give to PAW administrator; will send another copy with this violation.

The administrator will be responsible for running drills and documenting appropriately and correctly. Will fax then fax paper to supervising administrator so he is aware they are all being done correctly and on-time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Burke Administrator*

Date *9/08/13*

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

The above plan of correction is approved as of 9-19-13
(Date)

Plan of correction implementation status as of 9-19-13
(Date)

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

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

Violation Report: 21869 - 07/03/2013 - Rushin, Julianna
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa. Code §2500

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 8's Medical Evaluation form was not completed within the allowable time frames. The Medical Evaluation form had a date of 8-23-12. The resident had an admission date of 5-31-13.

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.

The regulation is important because the facility needs the most current information on resident with healthcare problems to ensure they taken care of properly.

The regulation was violated because DME was completed out of the allowed time frame.

The resident # 8 was seen by doctor for new DME and physical for a more appropriate and current tracking of resident healthcare.

The system in place all resident are on marker board in office under the month they are due so the resident has enough time to be scheduled and seen by md.

It is the administrator's responsibility to make sure the paperwork is correct and complete before putting on chart, and if not correct administrator responsibility to notify the appropriate people to have it done correctly. See attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/05/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *9/08/13*

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

The above plan of correction is approved as of 9-19-13
 (Date)

Plan of correction implementation status as of 9-19-13
 (Date)

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

The above plan of correction was approved by 
 (Initials)

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In the future will have designed double check administrator as paperwork comes in to make sure the administrator did not miss anything.

Melinda Burke Administrator 9/08/13

Aimee Grayson 9-19-13

Violation Report: 21889 - 07/03/2013 - Ruslin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 65 Pa. Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Over 20 cigarette butts were noted on the ground of the home's designated smoking area located in the back of the building under a covered structure.

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 regulation is important because of fire hazard to facility. The violation occurred because the receptacles and grounds were not cleaned properly. The area was cleaned by housekeeping staff. The hourly check where they document it is done was re-instituted and to be used by all staff members. Housekeepers are primarily responsible that this is done. The staff meeting regarding this procedure will be held because the length of time gone by to be re-established w/ rules that are to be followed. There will be a resident council meeting with ombudsmen (to be scheduled) to ensure resident understand rules and if they repeat violations they will be given 30 day notice.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mickelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mickelle Burke Administrator* Date *9/08/13*

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

The above plan of correction is approved as of 9-19-13 (Date)

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

Plan of correction implementation status as of 9-19-13 (Date)

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

Violation Report: 21869 - 07/03/2013 - Rushin, Julianna
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 Pa.Code §2800

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

The home did not document that they had administered Resident #7 Narco 100 mg tab on 1-2-13 & 7-3-13 for pain at 9:00am. The home did not initial that they had given resident #7 their Benkot 8.6 mg tab at 9:00am on 7-2-13 at 9:00am. The home did not initial that resident # 8 had received their Nystatin topical cream (to be applied 2 times daily) on 7-1-13 during the evening shift.

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 regulation is important because all documentation needs to be done and correct. The MAR needs to reflect that the medication is distributed accurately and correctly.
 The violation occurred because med tech's did not document properly and did not follow procedure for same.
 The med tech staff received a reminder training on the importance of documentation of medication.
 See attached paper

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/10/2012	08/20/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buuke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buuke Administrator* Date *9/10/13*

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

The above plan of correction is approved as of 9-19-13
 (Date)

Plan of correction implementation status as of 9-19-13
 (Date)

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

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

p23 a g 24

pg. 23 of 24

Regulation 2600.187(A)

The med staff will continue to shift to shift check to make sure all staff of your meds are in compliance.

The administrator/med trained will check daily to make sure compliance is being followed; if occurrence is found med trained will do remedial training with med tech, if staff member continues with occurrence after remedial training there will be removal from med room and will be PCA on g/lens and have to re-take medication administration course. The med tech's must be conscious and aware of the importance of accuracy in med room and safety to residents.

Michelle Burke Administrator 9/10/13

Anne Gray

9-19-13

Violation Report: 21869 - 07/03/2013 - Rushin, Julianne
 PCH Name: PITTSTON HEAVENLY MANOR

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
 Resident # 9 DOA 11-30-12 resident record did not have pre-screening form completed.

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 regulation is important because the facility needs to be able to know if they can help the resident or if they require a different facility.

The violation occurred because administrator did not put date on paperwork.

The administrator had to date paper to complete paperwork. Copy of same will be sent to office with this paper.

To prevent this in future after the administrator is finished with paperwork; it will be reviewed by designee to make sure all is filled out properly and nothing is missed in paperwork. Then administrator will receive and check again before stating the chart is complete.

Will send pre-screen by the 20th have to look through files

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

Signature of Legal Entity Representative (Required on EVERY Page) Michelle Burke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator Date 9/08/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9-19-13 (Date) Plan of correction implementation status as of 9-19-13 (Date)

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

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