



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Sister Charlene Reebel, Administrator
Vincentian Home, Inc.
Vincentian Home
111 Perrymont Road
Pittsburgh, Pennsylvania 15237

Dear Sister Reebel:

As a result of the Department of Public Welfare's licensing inspection on July 18, 2013 and July 26, 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.

Your regular license for the period October 27, 2013 to October 27, 2014 was issued on July 15, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 43153 - 07/18/2013 - Mazza, Larry

PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the summary issued by the Department and a copy of this chapter in a conspicuous and public place in the home.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A copy of Chapter 2600 regulations was not posted in a conspicuous and public place in the home. The home did not have a copy of 55 Pa. Code Chapter 2600.

(Observed 7/18/13 and 7/26/13)

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.

In compliance with the Department of Public Welfare's regulation, a copy of the 55 Pa. Code Chapter 2600 has been placed 7/26/13 on the main bulletin board in the lobby of the Vincentian Personal Care Facility during the annual survey.

(See attached photo)

Administrator will communicate this information to Staff at our meeting.

By 10/26/13 - The administrator or designated staff person will check the home at least monthly to ensure required postings are in a conspicuous and public place. ms 9/26/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sister Charlene Reebel, PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sr. Charlene Reebel, VPCHA.

Date

9-5-13

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

The above plan of correction is approved as of

9/26/13
(Date)

Plan of correction implementation status as of

9/26/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ms

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

ms
(Initials)

Violation Report: 43153 - 07/18/2013 - Mazza, Larry

PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff member A, hired on 10/20/10, does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

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

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

Staff member A is currently seeking her 4-year high school grades and diploma from Poland. This process should be completed by October 1, 2013.

Immediately - staff person A will not be employed in the home as a direct care staff person until educational requirements have been approved by the Department. ms 9/26/13

Administrator will continue to monitor the process and will require Staff Member A to complete a General Educational Development Diploma (GED) if the documents are not adequate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sister Charlene Reebel, PCHA

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

Sr. Charlene Reebel, V.PCHA

Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

Plan of correction implementation status as of 9/26/13
(Date)

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

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

Violation Report: 43153 - 07/18/2013 - Mazza, Larry SEP 10 2013
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600 **WEST REGION FIELD OFFICE**
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties. **Human Services Licensing**

2a. DESCRIPTION OF VIOLATION
 Staff person B, the home's administrator, completed 0 hours of annual training during the 4/1/2011-3/31/2012 training year as well as the 4/1/2012-3/31/2013 training year.

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.

In compliance with the regulation 2600.64 (c), the Administrator will complete the required 48 credits offered by approved Department of Public Welfare sites. These credits will be completed by December 31, 2013.

(See attached listings) - Gerontology - 9/15/13 - 6 hours
 Nutrition, Food Handling and Sanitation 9/19/13 - 7 hours
 Care for Residents with mental illness 9/20/13 - 9 hours
 Abuse and Neglect, prevention and reporting 10/14/13 - 6 hours
 Care for Residents with dementia 10/15/13 - 8 hours
 Community Resources 10/16/13 - 4 hours
 Staff Supervision 10/15/13 - 8 hours

By 10/26/13 - Administrator training will be monitored monthly and through the quality management process to ensure each administrator has 24 hours of Department approved training annually.

By 10/26/13 - An annual staff training plan will be developed for the administrator for training year 4/1/13 - 3/31/14 which includes 24 hours of Department approved training ms 9/26/13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sr. Charlene Reebel, PCHA</i>	Date <i>9-5-13</i>
--	--------------------

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

The above plan of correction is approved as of <u>9/26/13</u> (Date)	Plan of correction implementation status as of <u>9/26/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff member A, hired on 10/20/10, did not receive training in emergency preparedness and resident rights during the 10/1/2011-9/30/2012 training year.

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.

Staff member "A" was reminded of her responsibility to complete required training.

The Director of Resident Services will monitor all continuing education required courses.

on 7/26/13, staff person A received training in emergency preparedness and resident rights.
ms 9/26/13

Administrator will share this information with staff at our meeting.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCA* Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

Plan of correction implementation status as of 9/26/13
(Date)

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

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

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 7/18/13, the list of emergency service numbers located in the following bedrooms, did not include the current personal care home complaint hotline number:

- *Resident #5's telephone in bedroom #024
- *Resident #1's telephone in bedroom #039
- *Resident #2's telephone in bedroom #030

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 phones with an outside line have been checked for the list of current emergency service numbers. The new Personal Care Home Complaint Hotline Number (1-877-401-8835) has been noted on each phone.

(See attached photo)

By 10/16/13 - A designated staff person will check the home at least monthly to ensure emergency services numbers are posted on or near each phone. MS 9/26/13

Administrator will share this information with Staff so that they can notice that all phone numbers are updated.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *9-5-13*

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

The above plan of correction is approved as of <u>9/26/13</u> (Date)	Plan of correction implementation status as of <u>9/26/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 7/18/13 at 2:47 pm, the temperature in the basement walk-in freezer measured 10 degrees Fahrenheit and on 7/26/13 at 9:21 am, it measured 4 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.

The Dietary Manager replaced thermometers. They are checked twice per day. An additional thermometer was placed in rear of walk-in-freezer.

(See July and August attached readings)

Administrator will meet with Dietary Manager twice annually to be sure the regulation is met.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCHA* Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

Plan of correction implementation status as of 9/26/13
(Date)

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

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

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
 PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home. They are kept in the 2nd floor nurse's station which is locked, when not in use.

(Observed 7/18/13 and 7/26/13)

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 emergency procedure book is kept in the second floor nurses station which is always accessible. Only the medication room is locked at all times.

The staff has been reminded of the obvious location of the emergency preparedness handbook's accessibility 24/7.

the home's emergency procedures were moved to the bulletin near the 2nd floor nurse's station.

By 10/26/13 - the administrator or designated staff person will monitor the home at least monthly to ensure both the home's and local municipal emergency plans are posted in a conspicuous and public place. MS 9/26/13

Administrator will share this information with staff at our meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sister Charlene Reebel, VPCHA

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

Sr. Charlene Reebel, VPCHA

Date *9-5-13*

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

The above plan of correction is approved as of

9/26/13
 (Date)

Plan of correction implementation status as of *9/26/13*
 (Date)

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

The above plan of correction was approved by

MS
 (Initials)

SEP 10 2013

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 following fire drills were not recorded on the home's fire drill logs in minutes and seconds:

- *2/10/13 at 12:15 am-5 minutes
- *3/27/13 at 11:34 am-2 minutes
- *4/23/13 at 2:35 pm-3 minutes
- *6/3/13 at 6:48 am-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.

The staff will be attentive and be very exacting in recording the number of minutes and seconds in the Fire Drill Log.

Our last drill on August 29, 2013 is recorded on the Fire Drill Log (see attached).

(See Attached)

monthly -ms 9/26/13

Administrator will monitor all documentation in Fire Drill Log and will share this information at our staff meeting.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, VPCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCHA* Date *9-5-13*

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

The above plan of correction is approved as of <u>9/26/13</u> (Date)	Plan of correction implementation status as of <u>9/26/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drill, conducted on 6/3/13 at 6:48 am, was completed in 6 minutes. According to the letter, dated 8/14/12, from the fire safety expert, the maximum safe evacuation time is 5 minutes 30 seconds. No other fire drill was conducted in June 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.

A fire drill to replace the 6/3/13 drill was conducted on July 24, 2013. It was in compliance with the time allotted by our Fire Chief and satisfies the second required night time drill.

The Administrator/designee will be very attentive in monitoring all fire drills.

Administrator will re-emphasize the importance of this issue at our staff meeting.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, VPCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCHA* Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

Plan of correction implementation status as of 9/26/13
(Date)

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

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

SEP 10 2013

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The pharmacy label for resident #3's Novolog-100u/ml indicates "Inject 4 units sub-q before meals and at bedtime." However, the resident is also ordered sliding scale coverage 3 times a day, which is not indicated on the pharmacy label.

Resident #4 is prescribed "Bactroban-2% ointment-Apply BID to affected area on toe." There was no pharmacy label on the tube of medication.

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 #3

Director of Resident Services contacted Grane Pharmacy. [redacted] the Pharmacist, assured us that Grane sent a second bottle of Novolog for sliding scale only. It has the sliding scale label attached.

Director of Resident Services will monitor this script.

Resident #4

Pharmacy sent new tube of Bactroban with correct label. Since correction, Bactroban - 2% ointment was discontinued on 7/28/13.

By 9/26/13 - A designated staff person will review prescriptions, medications and medication administration records at least monthly for accuracy and proper labeling as indicated in 2600.184(a).ms 9/26/13

Director of Resident Services will share this information with the nursing staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, VPCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCHA* Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

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

Plan of correction implementation status as of 9/26/13
(Date)

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

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
 PCH Name: VINCENTIAN HOME

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Residents #6 and #7 have not been educated to their right to question or refuse a medication if the residents believe there may be a medication error.

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

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

Resident #7 has been educated about the right to question or refuse a medication.
 "Resident" signed an addendum on 7/23/13.

(See attached addendum)

Charge Nurse has spoken extensively with these residents and will do so periodically with all the Residents.

Resident #6 is currently in our skilled nursing facility. This issue will be discussed if and when he returns to Vincentian Personal Care. He will then sign an addendum. We hope to complete this by November 1, 2013.

Administator and Director of Resident Services will re-educate and stress the importance of this issue at our next staff meeting.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Charlene Reebel, VHPCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sr. Charlene Reebel, VPCHA</i>	Date <i>9-5-13</i>
---	--------------------

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

The above plan of correction is approved as of <u>9/26/13</u> (Date)	Plan of correction implementation status as of <u>9/26/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

SEP 10 2013

Violation Report: 43153 - 07/18/2013 - Mazza, Larry

PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 #2 was admitted on 1/21/13; however, the preadmission screening was completed on 11/21/12.

The preadmission screening, dated 4/19/12, for resident #5, does not indicate if the home can meet the resident's needs.

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

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

The preadmission screen documentation for Resident #5 has been completed. A late entry was documented 7/23/13 to verify that the home can meet the "Resident's" needs.

The Director of Resident Services will review documentation for all new residents to assure that Vincentian Personal Care can indeed meet the residents' needs. This will take place 30 days prior to admission.

The Administrator will address this issue at our Quality Management meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sister Charlene Reebel, VPCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sr. Charlene Reebel, VPCHA

Date

9-5-13

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

The above plan of correction is approved as of

9/26/13
(Date)

Plan of correction implementation status as of

9/26/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MS*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MS
(Initials)

SEP 10 2013

Violation Report: 43153 - 07/18/2013 - Mazza, Larry

PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 1/24/13, for resident #2, indicates the resident requires limited physical or oral assistance to evacuate in an emergency. However, the support plan, dated 1/24/13, does not address the description of mobility needs, plan to meet the mobility needs or the responsible party. These sections of the support plan are blank.

The assessment, dated 4/22/13, for resident #5 indicates the resident requires minimal supervision and requires limited physical or oral assistance to evacuate in an emergency. However, the support plan, dated 4/22/13, does not address the description of supervision needs and mobility needs, plan to meet the supervision and mobility needs or the responsible party. These sections of the support plan are blank.

The assessment, dated 7/13/12, for resident #6, indicates the resident has diagnoses of depression and mild chronic anxiety; however, the support plan, dated 7/13/12, does not address the plan to meet the resident's needs and only indicates "med as ordered." Also, the resident's assessment indicates the resident requires minimal supervision and the resident cannot self-administer medications. However, the support plan does not address the description of the supervision needs and medication needs, plan to meet the supervision and medication needs or the responsible party. These sections of the support plan are blank.

The support plan, dated 4/15/13, for resident #8 does not address the resident's monthly pacemaker checks.

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 #2 Resident needs verbal cueing in an emergency situation and the plan is that staff will direct resident to safe area. Support plan has been completed.

Resident #5 Resident ambulates slowly with walker during fire drills. As of 6/3/13, during fire drills, "Resident" is evacuated via wheelchair due to lack of ability to move quickly.

Staff will prompt and assist "Resident" during fire drills and use wheelchair for "Resident" to evacuate and wheel "Resident" to proper exit.

Resident #6 (See attached) *By 9/26/13 - The Director of Resident Services and Charge Nurse will renew all newly completed resident support plans to ensure completion and accuracy, including each resident's care, needs and services, MS 9/26/13*

Resident #8 (See attached) *Support plans for residents #6 and #8 have been revised. MS 9/26/13*

Director of Resident Services and Charge Nurse will monitor support plans for accurate documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sister Charlene Reebel, VPCHA

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

Sr. Charlene Reebel, VPCHA

Date *9-5-13*

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

The above plan of correction is approved as of

9/26/13
(Date)

Plan of correction implementation status as of

9/26/13
(Date)

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

The above plan of correction was approved by

MS
(Initials)

RECEIVED

SEP 10 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43153 - 07/18/2013 - Mazza, Larry
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa. Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #2's record does not include an inventory of the resident's belongings.
Resident #6's record does not include an inventory of the resident's belongings.

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.

Inventory for Resident #2 has been completed and filed.

Resident #6 has been in our skilled care facility since 7/2/13. He is undergoing extensive therapy. His return to personal care is questionable.

Director of Resident Services will secure his inventory sheet when and if he returns to personal care; hopefully, this will be completed by November 1, 2013.

Administrator will discuss those issues with staff at our Survey Result meeting.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, VPCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, VPCHA* Date *9-5-13*

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

The above plan of correction is approved as of 9/26/13
(Date)

Plan of correction implementation status as of 9/26/13
(Date)

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

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