



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 30 2013

Sr. Marcine Klocko, Treasurer  
Sisters of Saints Cyril and Methodius  
Maria Joseph Manor  
875 Montour Boulevard  
Danville, Pennsylvania 17821

Dear Sr. Klocko:

As a result of the Department of Public Welfare's licensing inspection on July 29, 2013 and March 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 must be maintained.

Your regular license for the period September 30, 2013 to September 30, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary

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

|   |  |                               |                                  |                              |                         |
|---|--|-------------------------------|----------------------------------|------------------------------|-------------------------|
| <b>PCH Name:</b> MARIA JOSEPH MANOR   |  | <b>License Number:</b> 200320 |                                  |                              |                         |
| <b>Address:</b> 875 MONTOUR BLVD, DANVILLE, PA 17821  |  | <b>County:</b> Montour        |                                  |                              |                         |
| <b>Administrator:</b> Raymond Ripka   |  | <b>Region:</b> NORTHEAST      |                                  |                              |                         |
| <b>Legal Entity Name:</b> SISTERS OF SAINTS CYRIL AND METHODIUS   |  |                               |                                  |                              |                         |
| <b>Legal Entity Address:</b> 875 MONTOUR BLVD., DANVILLE, PA 17821  |  |                               |                                  |                              |                         |
| <b>Certificate(s) of Occupancy</b><br>C-1<br>04/21/1983<br>L&I  |  |                               |                                  |                              |                         |
| <b>Staffing Hours</b><br><table style="width: 100%;"><tr><td><b>Resident Support:</b> 0</td><td><b>Total Daily Staff:</b> 56</td><td><b>Waking Staff:</b> 41</td></tr></table>  |  |                               | <b>Resident Support:</b> 0       | <b>Total Daily Staff:</b> 56 | <b>Waking Staff:</b> 41 |
| <b>Resident Support:</b> 0  | <b>Total Daily Staff:</b> 56   | <b>Waking Staff:</b> 41       |                                  |                              |                         |
| <b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> . <b>Notice:</b> Unannounced   |  |                               |                                  |                              |                         |
| <b>Reason(s) for Inspection(s)</b><br>Renewal, Incident   |  |                               |                                  |                              |                         |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>07/29/2013: Novak, Ryan; Bloch, Betty  |  |                               |                                  |                              |                         |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b><br>03/26/2013: Novak, Ryan   |  |                               |                                  |                              |                         |
| <b>Other Details</b><br><table style="width: 100%;"><tr><td><b>Partial or Full Triggers:</b></td><td><b>Random Indicators:</b></td></tr></table>  |  |                               | <b>Partial or Full Triggers:</b> | <b>Random Indicators:</b>    |                         |
| <b>Partial or Full Triggers:</b>  | <b>Random Indicators:</b>  |                               |                                  |                              |                         |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                               |                                  |                              |                         |
| <b>Licensed Capacity:</b> 95<br><b>Number of Residents Served:</b> 55<br><b>Secured Dementia Care Unit in Home:</b> No<br><b>Area:</b><br><b>Secured Dementia Unit Capacity, if Applicable:</b><br><b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b><br><b>Number of Current Hospice Residents:</b> 0<br><b>Number of Hospice Residents in past year:</b> 1 | <b>Number of Residents who:</b><br><b>Receive Supplemental Security Income:</b> 4<br><b>Are 60 Years of Age or Older:</b> 51<br><b>Have Mental Illness:</b> 0<br><b>Have an Intellectual Disability:</b> 0<br><b>Have a Mobility Need:</b> 0<br><b>Have a Physical Disability:</b> 1 |                               |                                  |                              |                         |

Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 3/22/13 Resident #1 reported that Resident #1 loaned money to Staff person A. The home did not report the allegation of financial abuse to the local area agency on aging until 3/24/13.

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 confusion of notification occurred due to the request of the investigating officer of the local police department investigating another situation which this particular incident could possibly parallel. The request was to keep things quiet until he could interview the named suspect. As soon as confirmation occurred and the interview was completed, the proper reporting procedures were put into process. We acknowledge that a time lapse occurred in reporting this particular incident. We also acknowledge that we understand the procedure for proper reporting.

We will continue to educate our staff by doing the following:

1. Educate on Resident Rights, Older Protective Service Act, and reporting incidents as an area of initial training and orientation.
2. Continue holding an annual in-service for all employees on those subjects. This education will continue to be presented by the local AAA.
3. We now have a full time Ombudsman volunteer designated for our PCH and we will have her as an advocate to aid our residents in understanding abusive situations and encouragement to report them.
4. A bulletin board that is specific to abuse reporting was placed in the direct care staff office to aid with reporting and the timeline to report. This was done April 1, 2013.

In the future, all incidents of any type of abuse will be reported properly.

*\*The Administrator shall be responsible for monitoring + ongoing compliance*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator*

Date *08-15-2013*

*My 8/21/13*

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

The above plan of correction is approved as of 8/21/13 (Date)

Plan of correction implementation status as of 8/21/13 (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: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 3/22/13 Resident #1 reported that Resident #1 loaned money to Staff person A. The home did not report the allegation of financial abuse to the Department until 3/24/13

**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 confusion of notification occurred due to the request of the investigating officer of the local police department investigating another situation which this particular incident could possibly parallel. The request was to keep things quiet until he could interview the named suspect. As soon as confirmation occurred and the interview was completed, the proper reporting procedures were put into process. We acknowledge that a time lapse occurred in reporting this particular incident. We also acknowledge that we understand the procedure for proper reporting.

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In the future, all incidents of any type of abuse will be reported properly.

*\*THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR MONITORING + ONGOING COMPLIANCE*

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |                                 |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   | <i>Raymond R. Ripka</i> 8/21/13 |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   | Date 08-15-2013                 |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>                 |                                   |                                 |

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

Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Direct Care staff person B did not receive training in emergency medical plan and reporting of reportable incidents and conditions within 40 scheduled hours.

**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, include dates by which to be completed.* **2600.65 (b)**  
 The PCH acknowledges the importance of proper documentation of employees completing their initial required training and orientation. The current procedure has failed to produce the results needed to be in compliance and a new formula must be put in place. Therefore, the PCH will replace the form currently used to track the orientation and training progress and implement a simpler form structure suggested by the surveyors. (attachment "C")  
 We will begin using a new process immediately.

- The current Human Resources form for new employees contains all the information regarding employment records such as reference checks, TB testing, drug and alcohol screening, etc. (copy attached) The only area of duplication is the area of the "Fire Safety - Emergency Management, "Resident Rights", and the "Older Protective Service Act" which the PCH administration views as a strength advocate for the residents through proper training and orientation. This form is generated by the Human Relations department.
- The new Staff Training and Orientation form (attachment "C" is generated by the PCH administration and can be used as a guide to educate the new hire as well as properly document the progress and stay in regulation compliance. The original will be delivered to the Human Relations department and a copy will be retained by the Administrator for regulatory inspection.

\*The Administrator shall be responsible for monitoring & ongoing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator*      Date *8-15-2013*

*Compliance - m 8/21/13*

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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The emergency exit door located in the A stairwell ground floor would not open when pushed upon, preventing immediate egress in the event of an emergency.

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

2600.121 (a)

We acknowledge the importance of each emergency exit door immediately opening when pressure on the push bar is used. To alleviate a similar problem occurring in the future, we have established a weekly inspection of each emergency exit door by our Safety and Security Director.

A form for tracking the inspection (attachment "A") will be used to establish the frequency of inspections and will also be signed by the building Administrator. When the Safety and Security Officer is away for any reason, he/she will make plans to have the inspection completed by:

1. Maintenance Department of the PCH
2. PCH Administrator or Chief Operations Officer

The immediate problem of the emergency exit door that opened hard and prevented immediate egress was fixed while the Licensing Representative was still on site completing our annual inspection.

\* The Administrator shall be responsible for ongoing compliance.

*M*  
8/21/13

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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

|  |                       |
|--|-----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka</i> | Date <i>8-15-2013</i> |
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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

A white sock was located behind the dryer in the resident laundry room located on the 3rd floor. This creates a possible fire risk.

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

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

2600.125 (a)

We will be more diligent in this area, especially behind the washer/dryers on each residential floor. There is a current "Lint Log Book" in each laundry room that includes an area to notate date-time-lint check. I will change that form to include a section for perimeter check as well. This form is signed by staff throughout the day and evening as each laundry load is completed.

This will mean the following safeguards will be in place:

1. Each time the a laundry load is run the perimeter area of each washer and dryer will be inspected for any dropped loose clothing and the lint filters will be checked. (Direct Care and Housekeeping staff responsible)
2. Additionally, we will have the Safety and Security Officer complete a weekly inspection of the perimeters and double check of the book signings as a double check and safeguard.
3. The Safety and Security Officer will report findings to the Administrator following each inspection. (Copy of the latest form)

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| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Raymond R. Ripka</i> |
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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date              |
| <i>Raymond R. Ripka</i>   | <i>08-15-2013</i> |

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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 The fire drills conducted on 7/16, 6/18, 5/14, & 4/23/13 were all conducted on Tuesdays. The home is not alternating the days of the fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.132 (g)

We were very surprised upon learning that many of our drills had been held on a Tuesday. We also acknowledge the need to begin having some evening drills after the business office and dietary department have gone for the day.

Therefore, moving forward we will include a minimum of two (2) drills during the year which will be held during the evening with only our regular evening staff present. This will be similar to our sleep time drills as required by regulation.

The drills will still be conducted by our Safety and Security Officer at a time unknown to anyone except him/her and the administrator, who will want to be present to view for educational purposes of training staff to properly use procedures for safe evacuation of residents to fire safe zones. We feel it's always better to critique things following the drills.

- ▲ Maintaining correct dates and times will be the Administrator's responsibility with the S&S officer double checking records.

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| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Raymond R. Ripka</i> |
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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date              |
| <i>Raymond R. Ripka, Administrator</i>  | <i>08-15-2013</i> |

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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600.  
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

The West doors to the Auditorium is labeled Emergency Exit only on a piece of paper. The exit sign letters are not at least 6 inches in height and 3/4 inch wide. The home currently serves 55 residents.

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

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

2600.133 (a) (3)

The sign was hung in error and was done so by one of our Sisters. Please also note that following a discussion of with our Fire Safety Expert, it was determined that the auditorium is only part of the center fire safe zone, but not a safe zone onto itself. Therefore, it should not be designated an emergency exit. There are four (4) closer exits for residents to use to evacuate to the outside if necessary.

The auditorium has the proper exit signage from within which is lighted and does include one exit to the outside from this room.

The handmade paper sign has been removed. The three (3) fire safe zones on the ground level are:

1. East -- the area of the conference room, beauty shop, and administrative offices once doors are closed to hall
2. Center -- the lobby, auditorium and halls in the center of the building
3. West -- the bistro and social hall once doors are closed

- The Administrator and Safety & Security Officer with assistance from the maintenance department will watch for proper signage problems.

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| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative (Required on EVERY Page) Raymond R. Ripka

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Raymond R. Ripka, Administrator Date 08-15-2013

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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 It has been determined through staff interviews that when residents leave the facility for a period of time if the medication is packaged in bottles, the medication is put in individual envelopes by staff and given to the family members.

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

2600.183 (a) (1)

This will be an easy fix. We will educate all nurses and med techs that medicine that is scheduled to be taken by the resident in the hours away from the home must be packaged for travel in the following manner:

1. The entire original package or bottle must accompany the resident
2. The resident or POA must sign for the medication

These instructions will be given to all concerned immediately and re-communicated quarterly to all nurses and certified med techs.

- The Director of Resident Care shall be responsible for the initial and ongoing communication.
- The Administrator will remind everyone of all policies through the Quality Assessment program.

• The administrator shall be responsible for ongoing monitoring and compliance. m 8/21/13

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Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

|   |                        |
|---|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Raymond R. Ripka, Administrator</i> | Date <i>08-15-2013</i> |
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Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 A loose small white 1/2 round pill labeled 79 was located in the medication cart.

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

2600.183(e)

This is a tough one. As often as medications are jostled, handled, and removed from within the med carts and combined with the packaging types, it is difficult to always maintain a perfect med cart. Nevertheless, we will establish a quality improvement initiative by checking each cart daily for cleanliness, temperature, moisture, and light.

The responsibility of checking the med carts will be assumed by the overnight supervisor/designee. She/He will report any problems to the Director of Resident Care and/or Administrator, who will be responsible for the corrective measures to be put in place.

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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | <i>Raymond R. Ripka, Administrator</i> | Date | <i>08-15-2013</i> |
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|--|--------------------------|---|--------------------------|
| The above plan of correction is approved as of | <i>8/21/13</i><br>(Date) | Plan of correction Implementation status as of  | <i>8/21/13</i><br>(Date) |
| The above plan of correction was approved by   | <i>M</i><br>(initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                          |

Violation Report: 20032 - 03/26/2013 - Novak, Ryan  
 PCH Name: MARIA JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's PRN Risperdone .5mg was administered on 7/28/13 for agitation.

Resident #4's PRN Risperdone .25mg was administered on 7/9, 7/16, 7/19 & 7/28/13 for agitation.

The home cannot administer medication to control a behavior.

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

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

2600.202

We acknowledge that a more specific medical diagnosis needs to be obtained for residents 3 and 4. We have asked the physician for each resident to give us a diagnosis that will allow for the PCH to be in compliance. (copy of request included) Additionally, our Director of Resident Care will review the MAR's of all residents as a double check to make sure we are in compliance with all our PCH residents.

We will forward a copy of the physician diagnosis change for residents 3 and 4 when we receive them. And, we will be diligent with future medications that could be interpreted as restraints.

*\* The Administrator shall be responsible for ongoing compliance*

*MR  
8/21/13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raymond R. Ripka, Administrator*      Date *08-15-2013*

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

The above plan of correction is approved as of 8/21/13  
 (Date)

Plan of correction implementation status as of 8/21/13  
 (Date)

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

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