

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **FORBES PERSONAL CARE LLC**

LEGAL ENTITY

To operate **FORBES ROAD RESIDENCE**

NAME OF FACILITY OR AGENCY

Located at **6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **38**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 15,**

2013

until **May 15,**

2014

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443201**

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOV 15 2013

Mr. Thomas Parsons, Administrator
Forbes Personal Care, LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

RE: Forbes Road Residence
6655 Frankstown Avenue
Pittsburgh, Pennsylvania 15206
License #: 443201

Dear Ms. Parsons:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 29, 2013, July 30, 2013 and September 25, 2013, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #443200 dated October 3, 2013 to October 3, 2014 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Thomas Parsons

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosures

License

Licensing Inspection Summary

SEP 5 2013

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Numerous resident records were unlocked and accessible throughout the home, including the following on 7/29/13:

At approximately 9:10 a.m.:

- The medication administration record and empty medication blister packages with resident's names, medication names and dosages were on the medication cart in the hall on 4B.
- Multiple resident records were in the nurse's office on 4B.

At approximately 10:30 a.m.:

The medication administration record for Resident #1 was on the desk in the nurse's office on 4A.

At approximately 11:00 a.m.:

- Multiple resident records were in the nurse's office on 3 West.

On 7/30/13, at approximately 3:00 p.m., there was a sheet of paper indicating resident names and medications, including the following, under a towel on a bedside table in room #5 on 3 West:

- 7/21/13 4 p.m. Resident #2, Oxycodone 34, Clonazepam 1, Resident #3, Oxycodone 11
- 7/21/13 8 p.m. Resident #2, Oxycodone 33, Clonazepam 30 - A new card

On 7/30/13, Resident #4's record was unlocked and accessible on the desk in the nurse's office on 4A.

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.

LOCKING SUP BOARD IS IN PLACE - OFFICE ON 4B. MAPS
WILL BE SECURED ON MED CARTS WHEN NOT IN USE
ALL CHARTS ARE SECURED IN CLOSETS
See Page 2A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *V. R. [Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. [Signature] RCHA* Date *9/4/13*

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

The above plan of correction is approved as of <u>10/2/13</u> (Date)	Plan of correction implementation status as of <u>10/2/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>[Signature]</i>

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa. Code §2800

WEST REGION FIELD OFFICE
Human Services Licensing

2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The certificate for the boiler inspection expired 7/13/13.

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.

1. COPY OF BOILER CERTIFICATES ATTACHED.
GOOD FOR TWO YEARS

Inspected on 11/7/12.

J
9/16/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Y. R. Whealdon

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

Yvonne R. Whealdon PCHA

Date

9/14/13

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

The above plan of correction is approved as of

9/11/13
(Date)

Plan of correction implementation status as of

9/11/13
(Date)



Fully Implemented

Or



Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress



Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The carpeting in the T.V. room on 3 West is completely filthy and covered with black and brown marks.

There are numerous black stains on the carpeting near the elevator on 4A.

There are numerous black spots and stains on the hall carpeting on 4B.

The carpeting in the 2nd floor dining room is filthy, stained and sticky with a foul odor.

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.

1. CARPET IN T.V. ROOM IS ROLLED UP AND TILE IS IN ITS PLACE.

2. BLACK STAINS ON CARPET NEAR ELEVATOR ON 4A WILL BE CLEAN ONCE A WEEK. SPOTS WILL BE CLEANED BY 9-6-13. TILE IS IN ITS PLACE.

3. BLACK STAINS ON CARPET IN HALL ON 4B WILL BE CLEAN ONCE A WEEK. SPOTS WILL BE CLEANED BY 9-6-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. R. W. Wheeler

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

Virginia R. Wheeler PCHA

Date

9/4/13

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10/2/13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

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

The above plan of correction was approved by

JR
(Initials)

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120° F.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, the water temperature at the sink in the common bathroom across from the lounge on 3 West measured 131.1 degrees F.

On 7/29/13, the water temperature at the sink in the common bathroom across from the nurse's office on 4A measured 130.1 degrees F.

On 7/29/13, at approximately 10:02 a.m., the water temperature at the sink in the bathroom across from the nurse's office on 4B measured 126.8 degrees F.

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.

1. WATER TEMP LOG WILL BE KEPT ON EACH UNIT
POSTED IN KITCHEN AREA CHECKED MONDAY WED. FRI.

2. WATER TEMP WILL NOT EXCEED 120⁰⁰

By 10/31/13 - The administrator will monitor hot water temperatures at least monthly.

By 10/31/13 - All staff persons will be educated on this requirement.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/17/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Wheldon RCHA

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

Virginia Wheldon RCHA

Date

9/4/13

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

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10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

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

The above plan of correction was approved by

ja
(Initials)

SEP 5 2013

Violation Report: 44320 - 07/29/2013 - Filmer-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The emergency service numbers posted near the phone in the nurse's office on 4A and on 3 West, has the incorrect personal care home complaint hotline phone number posted.

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.

PHONE NUMBER COLLECTED AND POSTED BY
EACH OUTGOING PHONE COMPLETED - ATTACHED.

By 10/31/13 - The administrator will
monitor the home at least monthly to ensure
emergency telephone numbers remain posted.

J
10/2/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *V.R. Wheeler* PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia Wheeler PCHA* Date *9/4/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

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

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

Violation Report: 44320 - 07/29/2013 - Flinnor-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, on 3 West, there was no screen in the kitchenette window above the sink. The window was open approximately 6".

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.

SCREEN HAS BEEN DISPLACED WHEN WINDOW WAS RAISED IT IS NOW IN PLACE. COMPLETED

By 10/31/13 - The administrator will monitor the home at least monthly to ensure windows are in good repair and have secure screens when opened.

F 10/31/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/17/2012

Signature of Legal Entity Representative (Required on EVERY Page) *V.R. Whealden*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia Whealden PCHA* Date *9/4/13*

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

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Plan of correction implementation status as of 10-2-13 (Date)

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

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/29/13 in the kitchenette on 3 West, large water stains were inside of the lighting fixture near the window and on five of the surrounding ceiling tiles, the room was not well-lit, as one fluorescent light was very dim and two lights in the ceiling fixture were burned out.

On 7/29/13, a dining room chair was torn in two places, approximately 4" x 2" on the top portion, with foam protruding and the seat cushion approximately 1" x 1/4".

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.

LIGHT FIXTURE IS REPAIRED & TILES REPAIRED

ALL LIGHTS WERE REPLACED

COMPLETED

PERSONAL CHAIR DINING ROOM HAS BEEN
MOVED AND NO TORN FURNITURE IN PLACE

By 10/31/13 - The administrator will monitor the home at least monthly to ensure all furniture and equipment, including lighting, are in good repair.

J
10/2/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *V. R. Wheeler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheeler PCHA* Date *9/4/13*

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

The above plan of correction is approved as of 10-2-13 (Date)

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

Plan of correction implementation status as of 10-2-13 (Date)

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

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 7/30/13, the artificial grass carpeting on the outdoor patio located off of the 2nd floor dining room was torn and lifting approximately 2' by 1', causing a potential tripping hazard. There was debris strewn on the ground, including rusty screws, a 6" x 3" block of wood, various metal and wooden rods, and a bag of dirt covered with a large plastic 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.

PERSONAL CARE DINNING ROOM HAS BEEN RELOCATED
AND NO ACCESS TO PATIO. PATIO DOOR IS
LOCKED AT ALL TIMES.

By 10/31/13 - The administrator will monitor the
exterior of the building, including patios
accessible to residents to ensure they are
in good repair and free of hazards.

J. Fisher

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Wheaton

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

Virginia Wheaton PCHA

Date

9/4/13

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

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10-2-13
(Date)

Plan of correction Implementation status as of

10-2-13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/29/13 at 10:02 a.m., there was not toilet paper for the toilet in the bathroom across from the nurse's office on 4B.

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.

TOILET PAPER IS IN PLACE IN BATHROOMS
 ARE TO BE CHECKED EVERY MORNING AND
 EVENING FOR TOILET PAPER

By 10/21/13, all staff will be educated on
 this requirement and directed to monitor
 bathrooms daily and on each shift, to ensure
 toilet paper is available at all times.

9/2/13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *V. R. W. [Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheaton RCHA* Date *9/3/13*

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

The above plan of correction is approved as of 10-2-13
 (Date)

Plan of correction implementation status as of 10-2-13
 (Date)

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

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

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2600

2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported or processed.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/29/13, at approximately 9:10 a.m., there were plates of eggs, bacon, sausage and a waffle and three bowls of oatmeal on the counter in the kitchenette on 4B. Staff person A, the administrator, stated the breakfast plates were for three of the residents and her/himself. At approximately 10:18 a.m., the plates were still on the counter, not refrigerated.

On 7/29/13, at approximately 10:06 a.m., there was a dead insect next to a sandwich in a plastic bag on the door of the kitchenette refrigerator on 4B.

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.

PLATES WILL BE DATED IN DINING ROOM BEFORE BEING BROUGHT TO THE UNITS.

PLATES WILL BE PLACED IN THE REFRIGERATOR UPON BEING BROUGHT TO THE UNIT.

INSECT HAS BEEN REMOVED.

See Page 11A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. R. Wheaton

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

Virginia Wheaton RDA

Date 9/4/13

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

The above plan of correction is approved as of 10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

The above plan of correction was approved by

J
(Initials)

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

Violation Report: 44320 - 07/29/2013 - Fliner-Alman, Lisa PCH Name: FORBES ROAD RESIDENCE	
1. REGULATION 55 Pa.Code §2600 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.	
2a. DESCRIPTION OF VIOLATION On 7/29/13, at approximately 9:10 a.m., there were plates of eggs, bacon, sausage and a waffle and three bowls of oatmeal on the counter in the kitchenette on 4B. Staff person A, the administrator, stated the breakfast plates were for three of the residents and her/himself. At approximately 10:18 a.m., the plates were still on the counter, not refrigerated. On 7/29/13, at approximately 10:06 a.m., there was a dead insect next to a sandwich in a plastic bag on the door of the kitchenette refrigerator on 4B.	
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.	
By 10/31/13 - All staff handling or storing food items will be educated regarding the safe storage of food items including keeping food refrigerated and covered. Food that is kept in kitchenette for residents to eat at a later time will be refrigerated. Documentation of training will be kept.	
By 10/31/13 - A designated staff person will check all kitchenette areas daily and on each shift to ensure all food items are safely stored, including covering and refrigeration. Food that is kept in kitchenette for residents to eat at a later time will be refrigerated.	
By 10/31/13 - The administrator will monitor all kitchenette areas at least weekly to ensure safe food storage practices are followed including refrigeration of food.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. ...</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. ...</i>	Date <i>10/1/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 7/29/13, at approximately 10:08 a.m., the temperature in the kitchenette freezer on 4B was 18 degrees F.

On 7/29/13, at approximately 10:41 a.m., the temperature in the kitchenette refrigerator on 4A was 48 degrees F.

On 7/29/13, at approximately 10:41 a.m., in the kitchenette freezer on 4A was 10 degrees F.

On 7/29/13, at approximately 10:55 a.m., there was no thermometer in the kitchenette refrigerator freezer on 3 West.

On 7/29/13, at approximately 11:35 a.m., the temperature in the refrigerator in the 2nd floor dining room was 44 degrees F.

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 REFRIGERATORS HAVE WORKING THERMOMETERS IN BOTH FREEZERS AND REFRIGERATORS. THEY WILL BE CHECKED DAILY AND RECORDED. TEMPS WILL BE ADJUSTED IF NEEDED.

By 10/2/13 - The administrator or designee will monitor the refrigerator + freezer temperatures at least monthly to ensure safe temperatures are maintained.

dm 10/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Whealdon

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

Virginia Whealdon RCHA

Date *9/4/13*

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

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(Date)

Plan of correction implementation status as of 10-2-13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, the home had 31 residents, requiring a minimum of 93 gallons of drinking water for a 3-day emergency supply. There is no supply of emergency drinking water in the home and the contractual agreement, dated 5/31/13, does not indicate how much water will be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, or a guarantee that the water will be delivered as a priority even in the event of a regional general 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.

MARBURGER FARM will deliver 93 GALLONS OF WATER 24 HOURS A DAY. LETTER ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) *V. R. W. Wheatley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia W. Wheatley, RCHA* Date: *9/4/13*

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

The above plan of correction is approved as of 9/11/13 (Date)

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

Plan of correction implementation status as of 9/11/13 (Date)

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, at approximately 10:00 a.m., two carts blocked egress from the home's emergency exit in the nurse's station on 4B.

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.

DOOR WAY WAS NOT AN EGRESS BEFORE BUT
EGRESS NOW NO BLOCKAGE IN AREA.

By 10/31/13 - All staff will be educated
on keeping all egress routes unobstructed.

By 10/31/13 - The administrator or designee will
monitor the home at least monthly to ensure
egress routes are kept clear of obstructions.

[Signature]
10/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Virginia Wheeler

Date

9/4/13

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

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 emergency procedures for the home and the local municipality are not posted in a conspicuous and public place in the home.

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

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

CITY OF PITTSBURGH EMERGENCY PLAN IS
AVAILABLE ON 3 WEST. DISASTER PLAN
POSTED ON Bulletin Board 3 WEST

Immediately - The home's emergency
plan will be posted in a conspicuous
and public place in the home.

By 10/30/13 - The administrator of the home
will monitor both the home's plan and
the municipality's plan to ensure they
remain posted.

10/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. B. Wheaton

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

Viggo B. Wheaton PCHA

Date

9/5/13

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

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, the fire extinguisher in the nurse's office on 4B did not have an inspection tag.

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.

FIRE EXTINGUISHER HAS INSPECTION TAG IN PLACE
AFTER BEING CHECK BY FIRE COMPANY.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Virginia Wheeler PCHA

Date

9/4/13

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

The above plan of correction is approved as of

10/2/13
(Date)

Plan of correction Implementation status as of

10/2/13
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 44320 - 07/28/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The west and central exits were used for every fire drill conducted in the past 12 months.

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.

UNITS 4A AND 4B WILL PRACTICE USING
THE RAMP ON PERIODIC FIRE DRILLS.

3 WEST HAS ONLY WEST AND CENTRAL EXITS

See Page 17A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Whealdon

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

Virginia Whealdon PCHA

Date 9/4/13

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

The above plan of correction is approved as of 10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

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

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

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The west and central exits were used for every fire drill conducted in the past 12 months.

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.

By 11/30/13 The Administrator will ensure that residents and staff practice evacuating using alternate routes by simulating a blocked door or egress path. Documentation of exits used will be kept on the fire drill log.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. Wheeler RTHA</i>	Date <i>11/15/13</i>
---	-------------------------

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

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2800

WEST REGION FIELD OFFICE

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

According to staff records, the average number of staff people on duty during the 3:00 - 11:00 p.m. and 11:00 p.m. - 7:00 a.m. shifts is two; however, the home has not had a fire drill in the past year with only two staff persons participating.

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.

FIRE DRILL ROTATES SO EACH SHIFT HAS
4 DRILLS PER YEAR. NO ADDITIONAL STAFFING
IS SCHEDULED BECAUSE THERE IS NO ANNOUNCED
NOTICE. FIRE DRILL SCHEDULE IS DONE BY
DIFFERENT DEPARTMENT. (MAINTENANCE)

See Page 18A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Virginia Wheaton

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

Virginia Wheaton

Date

9/4/13

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

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

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
 According to staff records, the average number of staff people on duty during the 3:00 - 11:00 p.m. and 11:00 p.m. - 7:00 a.m. shifts is two; however, the home has not had a fire drill in the past year with only two staff persons participating.

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.

By 11/30/13 - The home will conduct an unannounced fire drill during the 11:00 p.m. - 7:00 a.m. shift with only two staff persons participating. Documentation will be kept on the fire drill log. Another sleeping hours fire drill with minimum staff participating will be conducted within six months, or by May 2014.

By 12/31/13 - The home will conduct an unannounced fire drill during the 3:00 p.m. - 11:00 p.m. shift with only two staff persons participating. Documentation will be kept on the fire drill log.

If evacuations are not completed within the safe evacuation time of 2 minutes and 30 seconds, a second drill will be conducted in the same month.

Jan 10/21/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia B. Wheelton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia B. Wheelton, LHA</i>	Date <i>10/21/13</i>
--	-------------------------

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

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

Violation Report: 44320 - 07/29/2013 - Filmer-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign over the emergency exit door in the nurse's office on 4A that leads to a ramp. There are 12 residents residing on 4A.

There is no exit sign over the emergency exit door in the nurse's office on 4B that leads to a ramp. There are 10 residents residing on 4B.

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.

EXIT SIGN IS IN PLACE OVER THE EMERGENCY 4A
AND 4B NURSES OFFICE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Wheaton

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

Viggo R. Wheaton PCHA

Date 9/4/13

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

The above plan of correction is approved as of 10-2-13
(Date)

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

Plan of correction implementation status as of 7-0-2-13
(Date)

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

Violation Report: 44320 - 07/29/2013 - Filmer-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code 52800

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

WEST REGION FIELD OFFICE

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is no sign marking the line of travel to emergency exit in the nurse's office on 4A that leads to a ramp. On 7/29/13, the home served 12 residents.

There is no sign marking the line of travel to emergency exit in the nurse's office on 4B that leads to a ramp. On 7/29/13, the home served 10 residents on 4B.

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.

FLOOR PLAN HAS BEEN REVISED TO MARK
EXITS THRU THE NURSES OFFICE TO EXIT
RAMPS FROM 4A AND 4B.

Immediately - The administrator will ensure
exit signs are posted to direct residents to the
emergency exits in the nurse's offices in 4A and 4B.

J
10/2/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Wheeler

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

Virginia Wheeler PCAA

Date

9/4/13

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

The above plan of correction is approved as of 10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

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

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

Violation Report: 44320 - 07/26/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #5, dated 2/6/13, does not include mobility 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.

MED EVALUATION HAVE BEEN CHECKED FOR ALL
RESIDENTS NEED ASSESSMENTS.

See Page 21A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Whealdon

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

Virginia Whealdon RCHA

Date

9/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

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

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #5, dated 2/6/13, does not include mobility 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.
By 10/31/13 - The administrator or designated staff person will review all current resident files to ensure a current medical evaluation has been completed in full and is present in each resident's record.

By 10/31/13 - The administrator will develop a system to ensure all medical evaluations are reviewed and to ensure they are fully completed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia Richardson PCH* Date *10/7/13*

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

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE
WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Resident #6's last medical evaluation was completed on 8/25/12.

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

MED EVALUATION WILL BE DONE WITHIN THE
AGREED TIME FRAME

See Page 22A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *V. R. Wheaton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia Wheaton PCHA* Date *9/4/13*

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

The above plan of correction is approved as of 10-2-13
(Date)

Plan of correction implementation status as of 10-2-13
(Date)

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

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

Violation Report: 44320 - 07/29/2013 - Flinger-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

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

2a. DESCRIPTION OF VIOLATION
 Resident #6's last medical evaluation was completed on 6/25/12.

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

A new medical evaluation for resident #6 has been completed.

By 10/31/13 - The administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each residents' record.

By 10/31/13 - A document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation will be kept.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. W. Penick*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. W. Penick RCH</i>	Date <i>10/7/13</i>
--	---------------------

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 7/29/13, at 9:10 a.m., multiple medications, were unlocked and accessible to residents in the nurse's station on 4B including two blister packages of Hydroxyzine HCL 25mg, prescribed to resident #7, a package of Furosemide 20mg, prescribed to resident #8, 2 containers of Nystatin 100000 unit/gm cream prescribed to resident #9 and a containers of Hydrophilic Topical Ointment prescribed to resident #9

On 7/29/13, at approximately 11:00 a.m., there were two bottles of Magnesium Oxide 400mg, unlocked and accessible to residents on the desk in the nurse's station on 3 West.

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.

ANY DISCONTINUED MEDICATIONS WILL BE RETURNED TO PHARMACY. ALL MEDICATIONS INCLUDING TOPICAL AND OTC ARE LOCKED IN MEDICATION CART.

By 10/31/13 - All staff will be reeducated on this requirement.

By 10/31/13 - The administrator will monitor the home at least monthly to ensure medications are kept locked. J 10/2/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *V. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia Whaddon RHA* Date *9/4/13*

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

The above plan of correction is approved as of 10-2-13 (Date)

Plan of correction implementation status as of 10-2-13 (Date)

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

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.183(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

On 7/30/13, loose medications were in the bottoms of the drawers in the medication cart including 1 large, white oblong tablet marked with the letter and numbers "M 615" in the top drawer, 1 white football-shaped tablet and 1 small round white tablet in the 2nd drawer, 1 white round tablet, 1 purple oblong tablet and broken pieces of a yellow tablet were in the 3rd drawer.

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.

MED CART will BE CHECKED AFTER MED PASS FOR ANY DISPLACED PILLS.

By 10/31/13 - All staff will be reeducated on checking the medication cart for loose pills.

on 10/21/13

By 10/31/13 - The administrator or designee will check the medication cart at least monthly to ensure all medication is stored properly and there is no loose medication in the drawers.

on 10/21/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia Wheeler RHA* Date *9/4/13*

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

The above plan of correction is approved as of <u>10-2-13</u> (Date)	Plan of correction implementation status as of <u>10-2-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 07/20/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

SEP 5 2013

1. REGULATION 55 Pa.Code §2800

WEST REGION FIELD OFFICE

2600.183(f) - Prescription medications, OTG medications and CAM that are discontinued, expired or otherwise unusable for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #10 permanently left the home on 4/16/13; however several medications prescribed to the resident including Trazadone 100mg, Lipitor 20mg and Synthroid 75 mcg were in a closet in the 3rd floor nurse's station.

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.

10/21/13

IMMEDIATELY - The administrator will ensure that RESIDENTS DISCHARGED TO HOME OR TO ANOTHER PERSONAL CARE HOME ARE GIVEN MEDICATION ON DISCHARGE

10/21/13

IMMEDIATELY - The administrator will ensure that RESIDENTS WHO GO TO A SKILLED NURSING FACILITY OR WILL HAVE MEDS RETURNED TO PHARMACY OR PROPERLY DISPOSED OF

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/17/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

V. B. Wheeler

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

Virginia Wheeler Peltier

Date

9/4/13

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

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44320 - 07/29/2013 - Fliner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

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 label for resident #5's Calcitrate + Vitamin D does not include the dosage.

The label for resident #11's ProAir HFA 90mcg inhaler does not include the resident's name or instructions for administration.

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.

PHARMACY HAS BEEN CONTACTED AND PROBLEM CORRECTED.

ANY MEDICATION GIVEN TO A RESIDENT BY THE ER OR DOCTORS OFFICE WILL BE PROPERLY LABELED.

By 10/31/13 - The administrator or designee will audit the medication cart at least monthly to ensure labels are complete.

J. White

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

Signature of Legal Entity Representative (Required on EVERY Page) *V. R. Wheeler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia Wheeler PCHA* Date *9/4/13*

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

The above plan of correction is approved as of 10-2-13 (Date)

Plan of correction implementation status as of 10-2-13 (Date)

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

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

Violation Report: 44320 - 07/29/2013 - Pinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.187(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

Resident #12 is ordered Reno Caps Softgels, 1 capsule daily. However, the medication and dosage are not indicated on the medication administration record.

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.

PHARMACY HAS BEEN CONTACTED THE MEDICATION
COLD AND THE MAR WILL CORRECT.

See Page 27A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. R. Wheeler

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

Virginia Wheeler

Date

9/4/13

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

The above plan of correction is approved as of

10-2-13
(Date)

Plan of correction implementation status as of

10-2-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *2*

The above plan of correction was approved by

J
(Initials)

Violation Report: 44320 - 07/29/2013 - Finner-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #12 is ordered Reno Caps Softgels, 1 capsule daily. However, the medication and dosage are not indicated on the medication administration record.

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.

Immediately - The medication administration record for resident #12 will be updated to include Reno Caps Softgels, 1 capsule daily and the prescribed dosage.

By 10/31/13 - The administrator or a designated staff person will update all medication administration records to include all required information including the name of each medication, diagnosis or purpose for all medications, drug allergies, the dosage form, route of administration, frequency of administration, diagnosis, and the initials of the person administering the medication.

By 10/31/13 - A designated staff person will monitor the medication administration record daily to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

By 10/31/13 - The administrator or designated staff person will review all resident medication administration records monthly for accuracy and completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Virginia R. ...

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

Virginia R. ... RHA

Date

10/1/13

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

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Residents #8, #13 and #14 have not been educated to the resident's right to refuse medication if the resident believes that 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.

THE ABOVE RESIDENTS HAVE BEEN CONTACTED
AND MADE AWARE THEY CAN REFUSE ANY
MEDS THEY BELIEVE THEY ARE GIVING IN ERROR.

By 10/31/13 - The administrator will review records
of all residents to ensure documentation,
signed by the resident acknowledging
their right to refuse medication is present
in each resident's record.

for
10/2/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *V. L. Wheaton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia Wheaton PCHA* Date *9/6/13*

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

The above plan of correction is approved as of 10-2-13
(Date)

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

Plan of correction implementation status as of 10-2-13
(Date)

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

Violation Report: 44320 - 07/20/2013 - Finner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home does not have a current written description of services and activities at the home.

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

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

SERVICES AND ACTIVITIES ARE POSTED MONTHLY ON CALENDAR.
Home has completed a written description of services,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. R. Whelan

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

Virginia Whelan PCHA

Date

9/4/13

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

The above plan of correction is approved as of 10-27-13
(Date)

Plan of correction implementation status as of 10-27-13
(Date)

The above plan of correction was approved by

J
(Initials)

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

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #13, admitted 4/1/13, does not indicate who completed the form.

The pre-admission screening form for resident #14, admitted 5/16/13, does not include a determination that the home can meet the service needs of the resident.

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

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

THE ADMISSIONS OFFICE HAS BEEN CONTACTED
AND ALL PRE ADMISSION SCREENING WILL BE
REVIEWED BEFORE BEING SUBMITTED

10/2/13 Immediately - The administrator will review all preadmission screening forms to ensure the document has been completed in its entirety.

By 10/31/13 - All staff who complete the preadmission screenings shall be reeducated on how to thoroughly document the screening form. J. Whelan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V.R. Whelan

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

Vicki R. Whelan PCHA

Date

9/4/13

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

The above plan of correction is approved as of

10/2/13
(Date)

Plan of correction implementation status as of

10/2/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by


(Initials)

Violation Report: 44320 - 07/29/2013 - Flinner-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #6, dated 7/15/12, does not include dental and dietary needs.

The initial assessment for resident #13, dated 4/16/13, does not include an assessment of the resident's behavioral or cognitive needs including: irritability, judgement, agitation, or social and recreational needs including: hobbies/interests, solitary activities, group activities, or religious affiliation.

The initial assessment for resident #14, admitted 5/15/13, does not include a date as to when the assessment was completed or who completed it. The assessment does not include a complete assessment of resident's needs including: Personal Care Needs: managing health care, securing health care, securing and using transportation, managing finances, using the telephone, making and keeping appointments, supervision, mobility and ability to self administer medications; Dental, Dietary and Support Needs: dental and dietary needs, and Social and Recreational 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.

ALL FIELDS ON THE ASSESSMENTS HAVE BEEN COMPLETED. ALL FUTURE ASSESSMENTS WILL BE COMPLETED AND REVIEWED BY ADMINISTRATOR.

See Page 31A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

V. Wheaton

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

Virginia Wheaton PCAA

Date

9/4/13

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

The above plan of correction is approved as of

10/2/13
(Date)

Plan of correction implementation status as of

10/2/13
(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: 44320 - 07/29/2013 - Finner-Alman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident #6, dated 7/15/12, does not include dental and dietary needs.

 The initial assessment for resident #13, dated 4/16/13, does not include an assessment of the resident's behavioral or cognitive needs including: irritability, judgement, agitation, or social and recreational needs including: hobbies/interests, solitary activities, group activities, or religious affiliation.

 The initial assessment for resident #14, admitted 5/15/13, does not include a date as to when the assessment was completed or who completed it. The assessment does not include a complete assessment of resident's needs including: Personal Care Needs: managing health care, securing health care, securing and using transportation, managing finances, using the telephone, making and keeping appointments, supervision, mobility and ability to self administer medications; Dental, Dietary and Support Needs: dental and dietary needs, and Social and Recreational 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.

Immediately - A new assessment for residents #6 and #14 will be completed.

By 10/31/13 - The administrator or designated staff person will review all current resident assessments for accuracy and including all diagnoses, special dietary needs, and services received and to ensure all sections of the document are completed.

By 10/31/13 - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of all diagnoses, special dietary needs, services received, and that all sections of the document are completed. Documentation of the training will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Virginia R. Wheeler, RPA			10/1/13

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

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

SEP 5 2013

Violation Report: 44320 - 07/29/2013 - Filmer-Alman, Lisa
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #14 was admitted to the home on 5/15/13. The support plan is not dated as to when it was 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.

ALL AREAS ^{of THE} RASP will BE REVIEWED WHEN COMPLETED AND DATED.

See Page 32A

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

Signature of Legal Entity Representative (Required on EVERY Page) *V.R. Whaddon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia Whaddon* Date

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

The above plan of correction is approved as of 10/2/13 (Date)

Plan of correction implementation status as of 10/2/13 (Date)

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

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

Violation Report: 44320 - 07/29/2013 - Finner-Aiman, Lisa
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #14 was admitted to the home on 5/15/13. The support plan is not dated as to when it was 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.

Immediately - A new support plan for resident #14 will be completed.

By 10/31/13 - The administrator or designated staff person will review all current resident support plans for accuracy and including date of completion, diagnoses, special dietary needs, and services received and to ensure all sections of the document are completed.

By 10/31/13 - The administrator will review all new and annual resident support plans for accuracy and to ensure all sections of the document are completed, including date of completion.

By 10/31/13 - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the date of completion, diagnoses, special dietary needs, services received, and that all sections of the document are completed. Documentation of the training will be kept.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Viggo R. Wickert, PCHA* Date *10/15/13*

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

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