



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 11, 2013

Ms. Jacqueline F. Sweeney, Owner/Administrator
Just Like Home Personal Care, LLC
506 Gallitzin Road
Cresson, Pennsylvania 16630

RE: Just Like Home Personal Care

Dear Ms. Sweeney:

As a result of the Department of Public Welfare's Human Services licensing inspection on August 1, 2013 and October 1, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On August 2, 2013 at 11:15 AM, representatives of the Department requested access to the home's resident and staff records, reportable incidents and medication administration records for May 2013. Staff Member A, the administrator's designee was unable to provide immediate access to the requested records.

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.

On Aug. 5 2013 Administrator made a ^{List} ~~list~~ with all residents admission dates. so they are accessible immediately for when DPW. Entries the building and available for the auditors. There was also one made for staff

Administrator's designee was educated by the administrator on where all records are located to include (Residents records) MARKS from previous months, reportable incidents & any other information that would be required.

Administrator will continue to educate Administrator Designee on Proper Placement of all records required.

A list will remain at administrator desk with all the Employee's hire dates & all the residents admission dates.

See attached.

All paperwork was sent to the Dept of Public Welfare

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Greeney* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE F. GREENEY ADMINISTRATOR* Date *Sept 7, 2013.*

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

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

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

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

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

Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

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

The home did not submit an incident report to the Department regarding incidents of stolen resident funds and property that occurred on June 25, 2013, June 29, 2013 and July 2, 2013, until July 8, 2013.

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

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

Incident was reported on 7/8/2013 to DPW. By Fax.
 Administrator will report all incident report to the Dept. of Public Welfare within 24 hrs of the incident happening or notify the Personal care hotline about the incident. Each incident will be sent (ASAP) as soon as possible.
 Administrator will review all incident and all complaints made by Staff / Residents Immediately. Report to DPW and complete through investigation of complaint following sending report to DPW.
 Policy & Procedure has been put in place for Residents Financials. See attached. Effective 7/1/2013 Administrator Replaid all Fund meeting.
 All Families upon admission will be encouraged to have all spending money put in Locked Safe in administrator office & have resident sign out for all funds. To prevent future problems. Policy & Procedure will be signed all paperwork was sent to the Dept of Public Welfare at admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney / Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney / Administrator* Date *9/7/2013*

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The above plan of correction is approved as of <u>10-10-13</u> (Date) The above plan of correction was approved by <u>JS</u> (Initials)	Plan of correction implementation status as of <u>10-10-13</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32496 - 08/01/2013 - OPake, Hope
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On June 24, 2013, Resident #1 had \$42.00 stolen from the resident's room. On June 29, 2013, Resident #2 had \$19.00 stolen from the room. On July 2, 2013, Resident #3's safe containing \$180.00 was stolen from the resident's room. Local police investigated the incidents, which resulted in monetary and personal loss to the identified 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.

- On June 24, 2013. Family through missing money was replaced, Administrator should have reported.
- ① Administrator immediately notified all Family member members of the missing money when it was noticed missing. Informed of missing money.
 - ② Administrator had a meeting with all staff on Resident Rights & discuss missing money & the consequences
 - ③ Police Report was filed with the Local Police Dept. by Administrator
 - ④ Administrator put a policy & procedure in place. about money being stored in resident room & it is strongly suggested to have money locked up in Administrative office to prevent future funds from going missing. Please see attached
 - ⑤ Administrator will notify DPW immediately when any funds are missing within a 24 hr period & complete a thorough investigation.
 - ⑥ All money that was stolen ^{were} replaced by administrator
 - ⑦ Administrator will continue to monitor all staff/Resident for stealing money.

Funds were replaced by Administrator

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JACQUELINE F. SWEENEY Administrator</i>	Date <i>7/10/2013</i>
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Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(p) - A resident shall be free from restraints.

2a. DESCRIPTION OF VIOLATION

Resident # 4 had a prescription order for Ativan to be administered every six hours as needed for anxiety. Notes in the Staff Communication Log outline behavioral concerns, but do not address anxiety, thus the medication is being used as a chemical restraint administered to modify behavior. Several of the following notes in the Staff Communication Log instruct staff to give the Ativan every six hours, around the clock:

-May 5, 2013: "Give ____ (Resident #4) Ativan at 12:30 give it around the clock per ____ (Staff Member B)", "Gave ____ (Resident #4) Ativan at 1:30 a.m. Can be given again at 7:30 a.m."

-May 6, 2013: " ____ (Staff Member B) would like ____ (Resident #4) to have (his/her) Ativan around the clock every six hours please keep a eye on what time each shift is given (him/her) so that it is 6 hours in between each dose"

-May 22, 2013: "Do not give ____ (Resident #4) hydrocodone or ativan unless (he/she) is out of control. (He/She) can have tylenol if needed for pain"

Resident #6 had a prescription order for PRN Trazadone, 25 mg, in addition to 25 mg at bedtime. The following notes in the Staff Communication Log outline behavioral concerns resulting in the following medication being used as a chemical restraint administered to modify behavior:

-February 25, 2013: "(He/She) is getting up through the night becoming agitated, refusing to go back to bed", "Today (he/she) was up at 3AM. (He/She) became combative and refused to go back to bed. (He/She) was given a p.r.n. trazadone."

-February 28, 2013: " ____ (Resident #6) very combative tonight (he/she) grabbed my arm and started to punch me several times. Thank God for ____ (he/she) stopped as soon as (he/she) saw her. Sent a fax to Dr. ____ about it per ____ (Staff Member B). ____ (Staff Member B) wants to see if something can be done with (his/her) meds."

-May 27, 2013: "Make sure ____ (Resident #6) gets (his/her) PRN Trazodone every 6 hrs. plus (he/she) gets (his/her) regular one"

-May 29, 2013: " ____ (Resident #6) very agitated this morning very rough with _____. Per ____ (Staff Member B) ____ (Resident #6) is to have trazadone around the clock. Last dose was 1:30p."

Resident #7 had a prescription for Ativan 0.5 mg, to be taken at bedtime and every six hours as needed for anxiety. The prescription was filled on May 20, 2013. Notes in the communication book show that the medication was being administered per instructions from the Administrator, Staff Member B, on May 18 and 19, 2013. Staff were instructed to administer the medication every six hours, not as needed. The following indicate that the medication was being used as a chemical restraint administered to modify behavior:

-May 18, 2013: "If ____ (Resident #7) starts saying bad words or is being nasty give (him/her) .25 mg ativan. There is a bag above the fridge give (him/her) one. I will get the order on Monday.", " ____ (Resident #7) up very agitated but don't want to give ativan because I'm not sure what time (he/she) had it last. (He/She) was screaming at top of (his/her) lungs for help at the T.V. trying to get the 4 men in the TV to help (him/her)."

-May 19, 2013: " ____ (Resident #7) did not have the Ativan till 11PM. So give (him/her) the dam Ativan. Don't let (him/her) like that"

-May 22, 2013: " ____ (Resident #7) up very agitated tried to give (him/her) Ativan 0.5 mg check with ____ (Staff Member B) at 2:30AM told her it wasn't time she said give it to (him/her) anyway. I tried an put it in some applesauce (he/she) licked spoon but threw bowl spoon and rest of applesauce at me. (He/She) didn't get a full dose of Ativan 0.5 mg"

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

Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(p) - A resident shall be free from restraints.

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 Administrator will monitor medications daily to ensure PRN medications are only given at Resident's Request.
- ② When resident is requesting PRN meds regularly Administrator will notify Medical Dr. about Resident's use of PRN medications if Resident is requesting regularly to see if it can be a standard order. No meds will be given as a chemical restraint.
- ③ Administrator discussed with all staff medication facts for Resident for when they become anxious as oppose to using PRN meds. on 9/10/2013. Open discussion.

All PRN medications will be given at Resident's Request & only at Prescribed times when Resident seem anxious.

Effective 9/10/2013 all staff were Educated on the difference between anxiety + agitation & the use of medications. (proper) PRN Use of meds only to be used when Resident is anxious.

Well trained staff & administrator will not use medications to Restrain Residents. If Resident has admission to apply to meds, Pay Dr. will be notified of Resident's condition. ^{attendant}
 No restraints of any kind will be used in the home. --EE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F Sweeney Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F Sweeney Administrator* Date *9/10/2013*

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

Violation Report: 32496 - 08/01/2013 - O'Pake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

Residents #1, #2 and #3 each had money/property stolen from their rooms. The home failed to provide a system for safeguarding the resident's money, per the incidents of theft that occurred on June 25, 2013; June 29, 2013 and July 2, 2013.

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

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

- ① A System has been put in place immediately following the missing funds. per policy & procedure. see Policy & procedure in place
- ② All Staff were Educated on the consequences of taking money from the residents, & possible Termination of their job. + Inservice ^{Inservice} on new policy + procedure. all staff signed.
- ③ All Families signed a Policy & procedure to safe guard Resident Funds and it has been strongly suggested that residents keep their funds in a locked safe in the Basement of the Administrator's office & have residents sign out all funds being deposited.
- ④ All Residents were educated on the Safe-Hand Policy & Procedure. They all signed a copy, & it was placed in their charts. All new admissions will be informed of Policy & procedure on Funds & will be encouraged to sign Policy to prevent future issues.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jacqueline F. Sweeney Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jacqueline F. Sweeney Administrator* Date *9/10/2013*

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Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

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

On August 1, 2013, Ativan for Resident #7 was stored in a 1-gallon plastic Ziplock bag. There was no label from a pharmacy, but the outside of the bag had been written on with a fine line marker, which read, ".25 Ativan for (Resident #7)."

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 medication will be stored in original container with original label.

All medication will be locked in medication cart.

Staff was educated by the administrator on keeping all medications in original container, & meds may not be removed more than (2) hours in advance of scheduled administration. Education occurred 9/9/2013.

Administrator will monitor med cart daily to ensure all meds are properly labeled, & kept in original containers.

Ativan has been properly labeled by the pharmacist & stored in locked med cart in original container.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Jacqueline F. Sullivan Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Jacqueline F. Sullivan JACQUELINE F. SULLIVAN

Date

9/10/2013

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

The above plan of correction is approved as of

10-10-13
(Date)

Plan of correction implementation status as of

10-10-13
(Date)

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

The above plan of correction was approved by

JF
(Initials)

Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On August 1, 2013, a 1 gallon, plastic Ziplock bag of Ativan was found unlocked and accessible to residents in the kitchen cupboard above the refrigerator, on the right side.

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 medication will be kept in original containers.
 All medication will be locked up in the med cart & properly stored and also syringes, CAM, OTC medications Administrator will monitor residents rooms & cupboards weekly to ensure all med items, OTC medications & CAM & Syringes are away from resident use & locked in proper area's inaccessible to residents & unqualified personnel. -2E
 The Ziplock Bag of Ativan was removed from kitchen cupboard & Pharmacy delivered new meds with correct labels & meds were placed in locked med cart.
 Bagged ativan was returned to Pharmacy to dispose followed by inspection on 8/1/2013

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Lweeney Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE F. LWEENEY Administrator* Date *8/10/2013*

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

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Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On August 1, 2013, a bottle of Ecotrin labeled with a Post It Note for Resident #8, was located in the home's medication cart. Staff Member B reported that it was an old prescription. The bottle had expired in February 2010, and was being stored with the current medications for 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.

All outdated medication will be removed from the med cart & returned to family member and/or Pharmacy on 8/01/2013.

Administrator will check med cart week for all outdated medication & monitor medication order so all med are given with correct order.

Mainline Pharmacy checks med cart ~~month~~ monthly to dispose of all outdated or expired medication. Administrator spoke to Pharmacy on 8/12/2013 to ensure all outdated med are removed.

Administrator will re check all med in the med cart to ensure outdated med or expired med are removed & disposed of to prevent future problems.

Steps was educated on checking for outdated med & proper procedure to removing outdated med.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline F. Sweeney Administrator</i>	Date <i>9/10/2013</i>
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Violation Report: 32496 - 08/01/2013 - OPAke, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

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

-There was no pharmacy label on the 1 gallon, plastic Ziplock bag of Ativan for Resident #7, found in the kitchen cupboard, that included the hand-written phrase, ".25 mg Ativan for _____(Resident #7)."; but did not include the resident's full name, date prescription was filled, prescribed dosage, instructions for administration, or the name and title of the prescriber.

-On August 1, 2013, an unlabeled bottle of Refresh Tears Lubricant Eye Drops was located in the home's 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.

Administrator received label for eye drops & (new Ativan 5/20/2013)
following prescription

Was delivered with a label that included resident's name, name of medication, date prescription was delivered, prescribed dosage & instructions for administration and also name & title of prescriber med.

Administrator will review all medication to ensure they are properly labeled in the med cart weekly.

Ativan above the refrigerator in Ziplock Bag was returned to the Pharmacy for disposal

Mantone Pharmacy will monitor med cart monthly to ensure all meds are labeled.

If new label is required staff will notify Mantone Pharmacy & replace new labels as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline Fleming Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE F. Sweeney Administrator* Date *9/10/2013*

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Violation Report: 32496 - 08/01/2013 - O'Pake, Hope
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

According to the Staff Communication Log, Ativan was administered to Resident #7 on May 18 and 19, 2013. The home could not produce a physician's order for this medication.

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

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

- ① All Residents will have Prescription order for all medications.
- ② all new med's will be checked for appropriate order written by the Physician.
- ③ Resident #7 order was received on 5/20/2013 and sent to the Department of Public welfare.
- ④ Resident #7 was admitted to the Facility on 5/15/2013. all current orders are in place.
- ⑤ No med's will be given without physician's medical order.
- ⑥ Staff was Educated on 8/7/2013 on the proper procedures for Medication orders by physician + use of medications. see training sheet attached.
- ⑦ Administrator will review all med's and compare current orders for ^{med to compare} accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney* Date *9/11/2013*

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Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

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

-The May 2013 medication administration record for Resident #4 does not include diagnoses for Zeasorb AF and Cipro.

-The May 2013 medication administration record for Resident #7 does not include diagnoses for Levothyroxin, Vitamin D2 or Amlodaron HCL.

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 MARs were checked by administrator on Aug 5, 2013 & all diagnoses were placed with medications.

Res #4 & Resident #7 had diagnosis written in the MARs along with meds. Martine Pharmacy was notified so they can properly place diagnosis on all MARs.

Staff will be educated on the proper way the medication record & show all the information required as noted above.

Administrator will continue to educate staff on medications & perform proper med training as indicated.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline E. Everney Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE E EVERNEY Administrator* Date *9/11/2013*

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

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

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

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

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

Violation Report: 32496 - 08/01/2013 - OPake, Hope
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a prescription for Lorazepam 1mg, to be administered every six hours as needed for anxiety. On May 15, 2013, it was administered at 11 AM and 3 PM.

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

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

Staff was educated to on prn administered medications & to follow the directions of the prescriber, on Aug 5, 2013.

All PRN medications will be given at prescribed time & staff will ask the resident if they are feeling anxious prior to giving medication.

Administrator will review all the PRN medications monthly along with the MARS to ensure all PRN meds are given at prescribed time.

Staff will follow all directions of the prescription.

Administrator will continue to monitor for mistakes.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F.weeney Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JACQUELINE F. weeny Administrator</i>	Date <i>9/11/2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

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

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

Violation Report: 32496 - 08/01/2013 - OPake, Hope

PCH Name: JUST LIKE HOME PERSONAL CARE

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

Notes found in the communication book, regarding Residents #4, #5, #6 and #7 reference behavioral issues which were addressed through use of behavior modifying medications, as chemical restraints. These medications were used to subdue aggression, decrease agitated behavior and prevent residents from getting out of bed overnight.

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 All staff were Educated on the difference between anxiety + aggressive behavior. A Training was held on 9/10/2013. you feel that can be use to decrease a resident rather than using medications. See attached information, Sign to sheet + Test.

Administrators will continue to monitor medication for proper use + notify appropriate MD if needed.

Staff will not give medication for T'd agitation, aggression. Unless prescribed by MD Dr. with Niglon medication order, and only give PRN meds if a resident report ^{off} ~~diagnosis~~ it for increased anxiety.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE F. Sweeney* Date *9/13/2013*

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

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

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

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

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

Violation Report: 32496 - 08/01/2013 - OPake, Hope
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #4, admitted January 31, 2013, did not indicate 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.

All pre-screened will be rechecked to ensure all information is on the pre-screen prior to admission.

Resident # 4 Pre screen was corrected on 8/5/2013 by the administrator.

Administrators will complete monthly review of all paperwork to ensure it is thoroughly complete.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JACQUELINE F. Sweeney Administrator* Date *9/11/2013*

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

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