



OCT 08 2013

Mr. Robert Dulla Jr., PC Administrator
Grove Manor
435 North Broad Street
Grove City, Pennsylvania 16127

RE: Woodcrest Senior Living Community
1 Woodcrest Circle
Scottsdale, Pennsylvania 15683

Dear Mr. Dulla:

As a result of the Department of Public Welfare's licensing inspection on August 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period November 3, 2013 to November 3, 2014 was issued on August 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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SEP 5 2013

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 5600 Page 4 of 25

PCH Name: WOODCREST SENIOR LIVING COMMUNITY		WEST REGION FIELD OFFICE Human Services Licensing License Number: 44212	
Address: 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683		County: Westmoreland	
Administrator: Robert Dulla		Region: WEST	
Legal Entity Name: GROVE MANOR			
Legal Entity Address: 435 NORTH BROAD STREET, GROVE CITY, PA 16127			
Certificate(s) of Occupancy			
C2	I-1		
07/28/1995	07/09/2012		
Labor & Industry	Labor & Industry		
Staffing Hours			
Resident Support: N/A	Total Daily Staff: 25	Waking Staff: 19	
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced	
Reason(s) for inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
08/05/2013: Mazza, Larry; McConnell, Deb			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers: N/A		Random Indicators: N/A	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 31		Number of Residents who:	
Number of Residents Served: 19		Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No		Are 60 Years of Age or Older: 19	
Area:		Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:		Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Mobility Need: 6	
Number of Current Hospice Residents: 2		Have a Physical Disability: 1	
Number of Hospice Residents in past year: 4			

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was hired on 8/8/11; however, the criminal background check was not completed until 10/14/11.

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.

Ensures that employees with prohibitive offenses do not work in personal care homes. Criminal background checks must be done within 30 days of hire. Previous annual background checks were completed by our corporate office. The background check was completed on staff person B, but not in a timely fashion. Our new policy for background checks are completed from our campus through PSP & are done on the date of hire, prior to an employee's first day of work. The administrator will be responsible for performing the background checks prior to an employee's first day of work.

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)

Robert Dulla Jr.

Date

9-5-13

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

The above plan of correction is approved as of

9/22/13
(Date)

Plan of correction implementation status as of

9/23/13
(Date)

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

The above plan of correction was approved by

ms
(Initials)

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was hired on 8/8/11; however, the criminal background check was not completed until 10/14/11.

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.

To ensure employees in a prohibited office does not work in personal care homes, criminal background checks need to be completed within 30 days of hire. Previous criminal background checks were completed by our corporate office. The background check was completed on staff person B, but not in a timely fashion. Our new policy for background checks are completed from our campus through PSP & are done on the date of hire, prior to an employee's first day of work. The administrator will be responsible for performing the background checks prior to an employee's first day of work.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robert Della JR.* Date *9-5-13*

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

The above plan of correction is approved as of 9/23/13
(Date)

Plan of correction implementation status as of 9/23/13
(Date)

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

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

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SEP 5 2013

Page 4 of 25

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

Staff member C, the home's administrator, does not have any of the qualifications under 2600.53a. On 8/5/13, the home was serving 16 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.

To ensure that the Administrator will have the necessary education & experience to successfully perform the duties and responsibilities required of the position. A copy of the administrator's diploma was not in his file. a copy of the diploma has been placed in the Administrator's file. (Attachment A)

The Administrator is responsible for maintaining staff files.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ROBERT DULLA JR* Date *9-5-13*

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(Date).

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(Date)

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(Initials)

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

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
(1) An orientation program approved and administered by the Department.
(2) A 100-hour standardized Department-approved administrator training course.
(3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION
Staff person C, the home's administrator, has not successfully completed an orientation program approved and administered by the Department.

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.
Ensures that the Administrator will have the basic training to establish & maintain regulatory compliance & meet residents needs. The administrator was unable to find a copy of the orientation from 2002. Contact was made to the Hotline & scheduled to attend the October 16 orientation at 750 McKeesport. The administrator will maintain copies of all certifications in staff files.

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) *Robert Dvina, Jr* Date *9-5-13*

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SEP 5 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Staff person A, hired 6/20/11, and staff person B, hired 8/8/11, did not receive training in the following topics during the 6/1/12-5/31/13 training year:
* Emergency preparedness procedures and recognition and response to crises and emergency situations
* The Older Adult Protective Services Act
* Falls and accident prevention

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.
Ensures that all staff who work in the home are educated of the homes emergency procedures & mandated reporting requirements. The emergency preparedness, OAPSA & Falls & accident prevention inservices were incorrectly missed on the education calendar. The resident rights & OAPSA inservice was conducted on 8-27-13. (ATTACH B) by the ombudsman, & the Emergency Preparedness & falls & accident prevention are scheduled for Sept. The education calendar will reflect mandatory programs for staff training. The administrator will be responsible for scheduling programs as per the regulations.

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) *Robert Dulla Jr* Date *9-5-13*

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

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Violation Report: 44212 - 08/06/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan for 8/1/13-5/31/14 does not include training in falls and accident prevention.

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.

Ensure residents receive high quality & consistent care by properly trained staff members. Program on falls & accident prevention not included on training schedule. Falls & accident prevention program scheduled for Sept. The education calendar will reflect mandated programs & will be the responsibility of the administrator to review & implement.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robert Dulla Jr.</i>	9-5-13

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

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(Date)

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(Initials)

Plan of correction implementation status as of 9/23/13
(Date)

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

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SEP 5 2013

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are bilateral bed rails on resident #2's bed. They measured approximately 53" in length and had an approximate 4" opening between the length of the bars and an approximate 3.5" opening on either end. These openings pose a limb entrapment hazard.

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.

Clean assistive devices that are in good repair are less likely to cause injury or illness to the resident. The use of full bedrails is not permitted in Personal Care. The hospital bed was immediately removed & replaced with a low bed & mats (Attachment C). Contact was made with durable medical equipment provider to notify that bed rails are not to be delivered to Woodcrest. The administrator will be responsible to inspect all hospital beds delivered to Woodcrest.

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

9-5-13

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(Date)

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SEP 5 2013

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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 list of emergency service numbers posted near the telephone in bedroom #206 did not include the current personal care home complaint hotline number.

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.

Posted phone numbers facilitates a quick response from the appropriate agency in the event of an emergency & allows staff & residents to contact the Department to report complaints. The incorrect phone number was listed for the PCH complaint hotline. Monthly checks of the phone number posting will be conducted by the maintenance Dept during smoke detector & general checks. The administrator will be responsible to review monthly checks are complete.

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) *ROBERT DUKA JR.* Date *9-5-13*

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

The above plan of correction is approved as of 9/23/13 (Date)
The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 9/23/13 (Date)

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

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SEP 5 2013

Page 10 of 25

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no source of lighting that can be turned on/off from bedside in bedroom #206.

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.

Provide residents w sufficient light to move safely around their room in the dark, reducing the risk of falls. Resident did not have a bedside lamp. A lamp was placed by the bedside. The maintenance dept, during their monthly checks, as well as the RA, will check for a working bedside lamp. The administrator will be responsible to maintain the checks & replace any inoperable lamps.

By 10/23/13 - A designated staff person on each shift will perform daily checks to ensure each resident has an operable source of lighting at bedside. ms 9/23/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/13/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosette Della JK* Date 9-5-13

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

The above plan of correction is approved as of <u>9/23/13</u> (Date)	Plan of correction implementation status as of <u>9/23/13</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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SEP 5 2013

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

At 2:33 PM, there was a box of steak patties and a box of cut fries stored directly on the floor in the walk-in freezer.

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.

Protects food from contaminants on the floor or which may be spilled on the floor. During routine food delivery, the boxes were placed in the refrigerator until they could be opened. Additional shelves have been added to assure no food products are placed on the floor. The Dietary manager will be responsible to assure proper storage of food product is done. The administrator will do routine monthly checks to assure all regulations are followed.

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)

Lorenzo Dulla Jr

Date

9-5-13

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

The above plan of correction is approved as of

9/23/13
(Date)

Plan of correction implementation status as of

9/23/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MS*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

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Page 12 of 25

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There was a large bowl of tossed salad and an opened bag of cut potatoes, which were not dated, in the walk-in refrigerator.

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.

Provide information regarding the identity of food items & the length of time food has been in storage, preventing cross-contamination of food & the use of expired foods. 2 items were not properly labeled. An invoice was held @ the Dietary Department on paper labeling of leftover food. The Dietary manager will be responsible to insure paper labeling is being done. The Administrator will conduct inspections to assure paper labeling is being done.

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) Robert Dulla Jr. Date 9-5-13

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

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

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION.

At 2:33 PM, there was an opened bag of meatballs and an opened bag of sausage patties, which were not labeled or dated, in the walk-in freezer.

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.

To ensure that food is safe to use, leftovers need to be labeled & dated. Food was left in the walk-in freezer, unlabeled & undated. The food in question was thrown away. An in-service on proper labeling & dating was held. The Dietary manager is responsible for proper label & dating. The administrator will do follow-up inspections to ensure labeling & dating are correct.

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) *Roseanne Dulla JLR* Date *9-5-13*

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

The above plan of correction is approved as of 9/23/13
(Date)

Plan of correction implementation status as of 9/23/13
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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 8/5/13, the home was serving 16 residents, requiring 48 gallons of emergency drinking water. However, there is no emergency drinking water on-site and the contractual agreement, dated 7/11/13, with Culligan does not indicate 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.

Ensure adequate food & water supplies in the event of an emergency. Contract w Culligan, but not designated as a priority. Purchased water to store on the premises in the event of an emergency.

The administrator will be responsible to maintain water supply on campus.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robert Della Jr* Date *9-5-13*

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Violation Report: 44212 - 08/05/2013 - Mazza, Larry		WEST REGION FIELD OFFICE	
PCH Name: WOODCREST SENIOR LIVING COMMUNITY		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.			
2a. DESCRIPTION OF VIOLATION The home's cat was present at the home. The current certificate of rabies vaccination for this cat expired on 5/1/13.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The rabies vaccine protects humans from their pets & there pets being bitten by other animals. The cat's rabies vaccine was expired. The cat was taken to the vet & the rabies vaccine was administered. An ongoing list of pets, & shot expiration will be kept. The administrator will be responsible for this list.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>R. Della</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Russell Della Jr</i>			Date 9-5-13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9/23/13</u> (Date)		Plan of correction implementation status as of <u>9/23/13</u> (Date)	
The above plan of correction was approved by <u>ms</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 44212 - 08/05/2013 - Mazza, Larry PCH Name: WOODCREST SENIOR LIVING COMMUNITY		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 home's emergency procedures and the emergency preparedness plan for the municipality are not posted in a conspicuous and public place. They are located in a binder in the employee break room.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>Posting the required information allows for easy access to critical information by employees during an emergency. The emergency preparedness manual was in the employee break-room. The manual was placed in the front of the building, easily accessible to everyone. The administrator will be responsible to assure the manuals are kept in the appropriate areas.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Russell Della Jr.</i>			Date 9-5-13
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Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY
WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Exit "400" was one of the exit routes used for the following fire drills:

- * 1/10/13 at 11:00 PM
- * 2/18/13 at 8:00 AM
- * 3/27/13 at 12:00 PM
- * 4/27/13 at 6:00 PM
- * 5/21/13 at 10:00 PM
- * 6/17/13 at 10:00 AM
- * 7/10/13 at 2:00 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.

Varying the location of the fire exit routes used ensures that staff & residents are prepared to respond to different fire scenarios. The 400 wing exits were not documented properly, as 2 exits are available on the 400 wing. Fire exits, if more than one, will be designated to A & B. The administrator will be responsible for compliance & documenting.

A fire drill was held on 8/25/13 at 9 PM with 400B exit route used but not 400A. MS 9/25/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROBERT DULLA JR.* Date: 9-5-13

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The above plan of correction is approved as of <u>9/23/13</u> (Date)	Plan of correction implementation status as of <u>9/23/13</u> (Date)
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Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY
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, dated 3/27/13, for resident #2 does not indicate the health status and cognitive functioning of the resident. These sections of the medical evaluation are blank.

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.

Accurate medical information helps here decide whether a resident's needs can be met at the home, helps the home develop accurate assessments & support plans & ensures that residents' medical needs will be met. The health status & Cognitive Function were not complete. Dr. [redacted] completed the medical evaluation.

The administrator is responsible to review all medical evals for completeness.

Sections cited on resident #2's medical evaluation have been completed. ms 9/23/13

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) Robert Dulla JR Date 9-5-13

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

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Plan of correction implementation status as of 9/23/13 (Date)

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

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- Partially Implemented - Adequate Progress *ms*
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Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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

The following medications were unlocked and unattended in resident #5's unlocked bedroom:
* Senna lab
* Levofloxacin
* Benicar
* Vitamin D2
* Metanx
* Azilect

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.

Medications & syringes will be safe from contamination, spillage or theft & residents who are unable to self-administer medications will be safe from harming themselves w/ the medications. Resident's meds were on the dining room table, & apartment door was unlocked. RA's are now administering Res #5's meds, medications are kept in a locked box in the apartment.

The administrator will be responsible to review all PC Residents ability to self-administer medication & the safe storage of such.

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) *Robert Dulla Jr* Date *9-5-13*

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

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Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #3 is prescribed "Diphenoxylate/Atropine-2.5/0.025mg-Take 2 tablets by mouth every 24-hours as needed." The pharmacy label for this medication indicated "do not use beyond 8/10/13;" however, on 8/5/13, this medication was still present 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.

Ensure the home does not keep medication that are for residents no longer living in the home or have been discontinued. The medication had expired. The medication was removed & sent back to the pharmacy & replaced.

The administrator will be responsible for reviewing medication expiration dates during the monthly change over of meds.

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) *Robert Dulla Jr.* Date *9-5-13*

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

The above plan of correction is approved as of 9/23/13
(Date)

Plan of correction implementation status as of 9/23/13
(Date)

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

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

SEP 5 2013

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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 August 2013 medication administration record (MAR) for resident #1 does not include a diagnosis or purpose for the following medications:

- * Gabapentin-300 mg
- * Losartan-25 mg
- * Baby aspirin-81 mg
- * Namenda-10 mg
- * Vitamin C-500 mg
- * Calcium-1200 mg
- * Tylenol EX-500 mg

The August 2013 MAR for resident #2 does not include a diagnosis or purpose for the following medications:

- * Lorazepam-0.5 mg
- * Ibuprofen-400 mg
- * Artificial tears

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 home staff persons will be able to track all medications a resident receives & to ensure all medications are administered as prescribed. See Attachment A Appeal (over)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/13/2012	
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Signature of Legal Entity Representative
(Required on EVERY Page) *R. Della*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rosent Dulla JR.* Date *9-5-13*

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

Diagnoses were missing from Res #1 & Res #2 MAR.

The diagnoses were added to the MAR sheet.

The administrator will be responsible for assuring compliance of diagnoses for each medication on the MAR.

By 10/23/13 - All staff administering medication will be educated on the required information for the medication administration record. Documentation & training will be kept.

By 10/23/13 - the administrator or designated staff person will review all resident medication administration records at least monthly for accuracy and completion. ms 9/23/13



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WEST REGION FIELD OFFICE
Human Services Licensing

MARLA STEPANOVICH (ms) 9/23/13
Regional Licensing Approval of Plan of Correction
Marla Stepanovich

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Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

The August 2013 MAR for resident #2 includes Polyethylene Glycol-3350-Dissolve 17 grams in 4-8 oz. fluid and drink daily. However, the only day the resident received this medication was on 8/1 at 8:00 AM. Resident #2 often refuses the polyethylene glycol; however, refusals are not indicated on the MAR. Also, the prescriber has not been notified of the refusals.

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.

Ensures resident safety & protects the home if refusal of medication can lead to health complications. Resident refused the medication & refusal was documented. Discussion held w/ Physician & medication tid to TRN. Review of Refusal documentation & notification process held w/ staff.

The administrator is responsible for ensuring refusal meds & contacting the physician.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosetta Della SR* Date *9-5-13*

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The above plan of correction is approved as of 9/23/13 (Date)

Plan of correction implementation status as of 9/23/13 (Date)

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

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

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Violation Report: 44212 - 08/06/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.225(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

Resident #1 was admitted on 8/1/13; however, the resident's initial assessment was completed on 5/15/13.

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.

allows times to create a comprehensive profile of a resident's needs & services as a basis for the plan to meet those needs. The initial assessment was on 5/15/13 & the home was dated 6-1-13. The assessments were completed as per the DPW inspection in April. We were instructed to reassess all residents for admission to personal care. Residents, who are not living at Woodcrest, will be assessed no more than 15 days prior to admission.

The administrator will be responsible for the initial assessment being done in a timely fashion.

By 9/23/13 - The administrator or designated staff person will develop a resident tracking system to ensure initial resident assessments are completed within 15 days of admission. ms 9/23/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/30/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert Pulla JR.* Date: 9-5-13

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The above plan of correction is approved as of 9/23/13 (Date)

Plan of correction implementation status as of 9/23/13 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 5 2013

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 was admitted on 6/1/13; however, the resident's initial support plan was completed on 5/15/13.

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.

Ensure that each resident's needs are met & that accountability for meeting these needs is fully established. The support plan was completed on 5-15-13 & resident admission paperwork was 6-1-13. The assessments were completed as per DPW inspection in May. The support plans will be completed within 30 days of admission.

The administrator is responsible to ensure the support plans are completed as per regulations.

By 9/23/13 - The administrator or designated staff person will develop a resident tracking system to ensure initial resident support plans are completed within 30 days of admission. 9/23/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/30/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert Duda Jr.* Date 9-5-13

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Plan of correction implementation status as of 9/23/13 (Date)

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

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

Violation Report: 44212 - 08/05/2013 - Mazza, Larry
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There are bilateral bed rails on resident #2's bed. However, the resident's support plan, dated 3/27/13, does not include the use of these bed rails.

There is an enabler, used to transfer in/out of bed, on resident #4's bed. However, the resident's support plan, dated 5/16/13, does not include the use of the enabler.

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.

Ensure that each resident's needs are met as those needs change, & that accountability for meeting these needs is firmly established. The bilateral bed rails & enabler were not documented in the support plan. Both the bilateral bed rails & enabler were removed immediately. Discussion held w/ RA's to report any devices brought in by family, so they can be added to the support plan.

The administrator will be responsible to document any devices used by residents.

By 10/23/13 All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the documentation of each resident's care needs and services. Documentation of the training will be kept.
By 10/23/13 - the administrator or designated staff person will review all newly completed resident support plans to ensure completion and accuracy including each resident's care, needs and services.
MS 9/23/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2012	
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Concetta Della JR* Date *9-5-13*

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The above plan of correction is approved as of 9/23/13
(Date)

Plan of correction implementation status as of 9/23/13
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented