



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Mr. George Knox, Owner  
Trinity Oaks, Inc.  
Trinity Oaks II  
117 Shady Rest Road  
Ellwood City, Pennsylvania 16117

Dear Mr. Knox:

As a result of the Department of Public Welfare's licensing inspection on August 12, 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 26, 2013 to November 26, 2014 was issued on August 16, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 45867 - 09/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home operates three boilers. The home does not have current boiler certificates from the Pennsylvania Department of Labor and Industry in order to operate the three boilers.

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 To be in compliance with fed - state and local laws - and for the safety of our residents
- ② Wrong address to inspector and paperwork was lost in the mail.
- ③ Administrator contacted inspector - address corrected on new forms.
- ④ Keep close track on expiration date for inspectors visit - contact him atleast 3 months ahead of visit
- ⑤ Administrator
- ⑥ Corrected by Sept 1 - 2013 - Certificate attached
- ⑦ Administrator will be responsible to check expiration

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*George Knox*

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

George KNOX ADMIN

Date 9-15-2013

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

The above plan of correction is approved as of 9-19-13  
(Date)

Plan of correction implementation status as of 9-19-13  
(Date)

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

- Fully Implemented 9-19-13
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home conducted quality management reviews on 1/15/12, 3/12/12 and 12/17/12; however the home did not address licensing violations, reportable incidents or resident councils during any of these reviews.

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 plan sets the rules for any problems that may confront management while governing the home
- 2. Basic management topics were not discussed in quality management meeting
- 3. Meeting needs to be held specifically for these topics  
Reportable Incident - Staff training - Licensing violation, Resident Council
- 4. Schedule meeting yearly for staff and management
- 5. Administrator will correct problem
- 6. Meeting held by 9-18-2013 - scheduled this day
- 7. Dates will be set yearly by administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>George Knox</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GEORGE KNOX ADMIN</i>	Date <i>9-15-2013</i>
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Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the kitchen did not include thermometer.

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. Emergency kit must be equipped with certain items easily accessible to staff in an emergency.
2. Someone carelessly did not replace thermometer.
3. New thermometer was bought by administrator.
4. First aid kit in kitchen to be checked weekly to confirm all items are in kit.
5. Administrator bought thermometer and med aide will initial chart saying kit has been checked -
6. Plan completed at 8/16/2013
7. Administrator will monitor chart beside kit to ensure kit is checked -

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>George Knox Admin</i>	Date <i>9-15-13</i>
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Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

1. REGULATION 55 Pa.Code §2600

2600.100(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

There are six exposed nails sticking out of is a 2" X 6" X 6' piece of wood at the emergency exit to the right of the main office presenting a 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.

1. Patient safety is imperative at your facility
2. Apparently maintenance department did not notice nails protruding from 6 by 6 board.
3. Maintenance department hammered the nail in the board the same day.
4. Maintenance department inspected all doorways for any nail problems
5. Maintenance department and all staff required to report any unsafe problems.
6. full inspection of entire building 8/17/2013
7. Maintenance staff to fully check building and report monthly to Administrator

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Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

1. REGULATION 55 Pa.Code §2600

2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION

The home's menus do not include alternate food or drink items.

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. The regulation is to insure the resident has two food choices and receives a full nutritional meal.
- 2 On present menus a second choice was unavailable to resident - nor a second drink - Information was not on menu written by Administrator
- 3 New menus printed - second choice added
- 4 We have a 4 week menu posted with alternatives written and checked by administrator
- 5 Administrator
- 6 Steps are completed 8/16/2013
- 7 Cook and administrator will work together and review menu's monthly -

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE  
Human Services Licensing

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 medication administration record for resident #3 does not include the following prescribed PRN medications Senna Laxative and Robitussin DM.

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 meds should be recorded in MAR.
- 2. Med Aide neglected to write down prn meds.
- 3. Med Aide will check all PRN's for resident - and confirm that all are on chart.
- 4. PRN meds and OTC meds that are not frequently used need checked weekly to assure they are written in MARS.
- 5. All staff med aides are to review meds
- 6. Steps completed 8/16/2013 (D) Med Supervisor to review charts monthly

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PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 had a preadmission screening completed on 4/10/12; however, the resident was not admitted to the home until 8/3/12.

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.

1. The preadmission document must be within 30 days before the admit for a current evaluation of the resident
2. Staff supervisor wrote wrong date.
3. Numbers must be double checked by staff supervisor
4. Monthly review of chart is necessary.
5. Person who visited resident during screening is ~~partially~~ <sup>an</sup> ERROR responsible.
6. Paper is corrected 8/13/2013
7. Administrator will spot check charts monthly

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *George Knox*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment dated 8/1/13 indicates the resident has a regular diet. The resident's medical evaluation, dated 8/3/12, indicates the resident is prescribed an 1800 ADA diet.

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 resident must clearly be on one diet. Any changes must be noted on the annual assessment form.
2. Assessment was not properly updated.
3. Review all records brought from physicians office or hospital at time of re-admission
4. Home needs copy of discharge of resident from hospital or update paperwork from each visits and make changes to assessment -
5. Staff supervisor or aide in charge at time of residents return
6. Corrected 8-14-2013
7. Supervisor will recheck charts periodically to update

Repeat Violation: No	Date(s) of Previous Violation(s):		
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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The home used whiteout on resident #2's assessment and support plan, dated 12/2/12. The whiteout was used on the medical diagnoses, the long term memory and summary section of the form.

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. Using white out makes documents appear to be tampered with and gives a sense of cover-up.
2. White out was available to all offices and medroom.
3. Remove all white out
4. Staff meeting with anyone responsible for charting to inform of illegal use of white out & teach proper ways to delete mistakes
5. Administrator and anyone who charts is responsible
6. Completed 8/16/2013
7. Supervisor will periodically check charts and make certain white out is not in facility

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox Admin*      Date *9-15-2013*

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Violation Report: 45857 - 08/12/2013 - Phillips, Joseph  
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE:  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #3's pre-admission screening, dated 1/10/13, was not completed on the current Departments form dated 7/1/11. The preadmission screening form used by the home was dated 12/09.

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 forms are regulated to ensure adequate knowledge to evaluate resident before being admitted to facility.
2. Too many forms left over and one was accidentally used.
3. All left over forms destroyed by supervisor
4. Use only forms that are published on the current DPW website
5. Administrator & Supervisor are only responsible parties
6. Date completed 8/13/2013.
7. Supervisor + Administrator need to ~~themselves~~ <sup>ERROR</sup> acquaint themselves with DPW website monthly

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

Signature of Legal Entity Representative (Required on EVERY Page) George Knox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) George Knox      Date 9-15-2013

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