

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEARTLAND RETIREMENT PERSONAL CARE HOME INC

LEGAL ENTITY

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 14, 2014 until July 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316151

Robert E. Robinson

ISSUING OFFICER

[Signature]

ACTING DIRECTOR

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

PW 628 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 15 2014

Ms. Judy Bailey, Administrator/Owner
Heartland Retirement Personal Care Home, Inc.
46 Elementary Lane, P.O. Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
License #: 316151

Dear Ms. Bailey:

As a result of the Department of Public Welfare's licensing inspection on September 24, 2013, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #316151 dated November 1, 2013 to November 1, 2014 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

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

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

Ms. Judy Bailey

2

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

Sincerely,

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

Matthew J. Jones
Acting Director

Enclosures

License

Licensing Inspection Summary

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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
 Resident #1 did not receive the prescribed 5pm medications on 9/15/13 and the prescribed colace at 12pm on 9/19/13 due to being out of the facility. The home did not submit an incident report to the Department of the medication errors.

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.

- IT IS VERY IMPORTANT FOR RESIDENT TO RECEIVE MEDICATION AT THE RIGHT TIME DUE TO IT IS PRESCRIBED BY HER PHYSICIAN FOR CRERTAIN REASON FOR MEDICATION REASONS.
- RESIDENT LEFT BUILDING AND WAS NOT ~~Given~~ MEDICATIONS TO TAKE WITH HER. ADMINISTRATOR FAILED TO SUBMIT A REPORT TO DPW ON THIS VIOLATION.
- MEDICATION CAREGIVER DIDN'T SEND MEDICATIONS WITH RESPONSIBLE PERSON.
- HAVING A CLASS TO GO OVER THE PROCEDURES TO SENDING MEDICATIONS WITH RESIDENT WHEN LEAVING THE BUILDING.
- GOING OVER MEDICATION MAR ON A WEEKLY BASIS AND SPEAK TO MED CAREGIVERS TO REPORT AN INCIDENT REPORT TO ADMINISTRATOR WHEN THIS HAPPENS AGAIN SO THEY CAN REPORT IN A TIMLY MANNER.
- ADMINISTRATOR WILL BE RESPONSIBLE FOR REPORTING FUTURE VIOLATIONS IN A TIMELY MANNER.

STEPS will be completed November 12, 2013 & November 13, 2013

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Laughman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTINA FAUGHMAN / Administrator</i>	Date <i>11-5-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-20-13</u> (Date)	Plan of correction implementation status as of <u>11-20-13</u> (Date)
The above plan of correction was approved by <u><i>OO</i></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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Department Representatives arrived at the facility on 9-24-2013 at 9:00am and the resident records, in the file cabinet, in the reception area were unlocked with no staff visible in the immediate area. The records contained confidential information of the 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.

- IT IS IMPORTANT THAT ALL MEDICAL FILES ARE LOCKED SO THAT NO ONE CAN JUST ENTER AND GO THROUGH RESIDENTS AND EMPLOYEE'S FILES DUE TO ~~CONFIDENTIAL~~ INFORMATION
- FILE CABNET WAS NOT LOCKED WITH FILES WHEN STAFF WAS NOT VISIBLE.
- ADMINISTRATION TOOK FILES TO LOCK FILING CABNET.
- ADMINISTARATOR TOOK FILES OF BOTH RESIDENT AND EMPLOYEE AND PUT THEN IN MEDICATION ROOM THAT IS LOCKED AT ALL TIMES.
- KEEPING FILES IN A LOCKED ROOM AT ALL TIMES.
- ADMINISTRATOR AND STAFF WILL BE RESPONSIBLE FOR FUTURE VIOLATIONS.

As per adm, the Adm and the mod tech on duty keeps the keys. 12-6-13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan/Administrator* Date *11-5-13*

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 (Initials)

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- Not Implemented

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 Resident #2's contract dated 6/20/13 and Resident #3's contract dated 10/13/12 have fee schedules attached, however the fee schedules do not have the actual amounts charged for available services.

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 IMPORTANCE OF THE VIOLATION IS THAT THE PAYEE KNOWS WHAT THEY WILL BE PAYING EXTRA IN TOTAL AMOUNT.
- THE TOTAL PRICING OF EACH FEE SCHEDULE WAS NOT PRESENT ON THE ATTACHED FEE SCHEDULE.
- PRICING WAS NOT LISTED
- REGULATION 223-A WAS PULLED AND BEING REDONE SO PRICING WILL BE ON ADDITIONAL CHARGES. *will send copy to family.*
- ANYTHING THAT WILL BE ADDED TO ADDITIONAL FEE SCHEDULE WILL BE UPDATED ON A REGULAR BASIS WITH TOTAL
- ADMINISTRATOR WILL BE RESPONSIBLE FOR UPDATES.

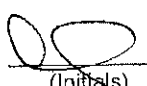
Resident, payor & administrator or designee will sign contract amendments. date 11/20/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Laughman / Administrator</i>	Date <i>11-5-13</i>
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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 member C hired 5/13/13, terminated 9/20/13 worked unsupervised in the home without a Pennsylvania State Police Background check being completed.

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

- REGULATION IS IMPORTANT DUE TO ANY CRIMINAL HISTORY TO ANY BACKGROUND THAT COULD BE HARMFUL TO RESIDENTS AND OR STAFF.
- BACKGROUND CHECK WAS NOT PRESENT FOR STATE WHEN INSPECTION WAS TAKING PLACE.
- BACKGROUND NOT IN FILE AND WAS NOT FOUND.
- DID ANOTHER BACKGROUND ON EX-EMPLOYEE TO PUT IN FILE.
- BACKGROUND WILL BE DONE PRIOR TO FIRST WORK DAY.
- ADMINISTRATOR WILL BE RESPONSIBLE.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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 (Required on EVERY Page) *Christina Faughnan*

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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The current staffing schedule for the facility does not meet the 75% of the personal care service hour during waking hours. On 9/10/13 there were 7.5 hrs. of Direct Care available of the required 9 hours necessary, and on 9/22/13 there were 7.5 hrs. of Direct Care available of the required 9 hours necessary.

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 MAKE SURE ALL RESIDENTS GET PERSONAL CARE SERVICE HOURS DURING WAKING HOURS.
- NOT ENOUGH STAFF DURNING WAKING HOURS ONE COOK AND ONE CAREGIVER IN A TWELVE HOUR PERIOD.
- LACK OF STAFF THEM DAYS.
- SCHEDULE HAS ENOUGH STAFFING NOW.
- CALL EXTRA STAFF IF THERE IS NOT ENOUGH STAFF.
- ADMINISTRATOR - *will review schedule weekly in order to insure adequate coverage.*
CF. 11-20-13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff person D date of hire 8-3-2013, and Direct Care Staff person E, date of hire 9-17-2013 have worked independently and neither have a current First Aid/CPR certification.

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.

- THIS IS IMPORTANT DUE TO IF A RESIDENT NEEDS ASSISTANCE WITH CPR AND FIRST AID.
- EMPLOYEE D AND E DIDN'T SHOW PROOF OF CPR/FIRST AID TRAINING CARDS WAS NOT CERTIFIED AND WAS NOT WORKING INDEPENDENTLY WHEN THEY WERE BEING TRAINED AND THE TRAINER WAS FIRST AID/ CPR TRAINED.
- STAFF D WORKING ON FLOOR WITH OUT PROOF AND STAFF E WAS NOT WORKING ALONE.
- EMPLOYEE D IS RECERTIFIED AND E IS NOW CPR/FIRST AID CERTIFIED.
- MAKE SURE IF WORKING ALONE THAT STAFF IS CPR/FIRST AID TRAINED
- ADMINISTRATOR IS RESPONSIBLE. - Review staffing qualifications and scheduling needs to insure compliance. eg, 11-20-13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRISTINA FAUGHNAN / Administrator Date 11-5-13

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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff person D date of hire 8-13-13, did not complete the 1st day orientation.

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.

Direct STAFF D did complete on First work day of orientation. Documents Attached.
 Hire date is 8-3-13 not 8-13-13.

Administrator or designee will be responsible to insure all required documents related to employee qualifications and training are maintained in an employee record or file on the home's premises, or otherwise immediately available to Dept reps upon request. *CP* 11/20/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughman/Admin* Date *11-5-13*

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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

In Resident #7's room, there is a hurricane lamp on the resident's night stand with an approximate 4" x 4" jagged hole in the top glass globe of the lamp. It presents a potential safety risk to the resident upon trying to turn on the lamp.

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.

- RESIDENTS, STAFF, AND VISITORS HAVE POTENTIAL OF SAFTY RISK.
- BROKEN LAMP.
- UNKNOWN WHAT BROKE THE LAMP.
- LAMP WAS REMOVED FROM THE RESIDENTS ROOM. — lamp was replaced
- STAFF DOING WALK THROUGH ON WEEKLY BASIS.
- CHECKING LIGHTING AND FURNITURE.

Adm will perform random reviews of residents rooms on a monthly basis to insure ongoing compliance. *CC* 11/20/13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan/Administrator* Date *11-5-13*

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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The dryer vent, on the outside of the building, has at ground level a window well with an abundance of dry grass and dryer lint that presents a possible fire 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.

- FIRE HAZARD.
- GRASS AND LINT PRESENT.
- CUTTING THE GRASS AND DRYING CLOTHES.
- CLEAN OUT RIGHT AWAY.
- CHECK ON A WEEKLY BASIS.
- STAFF AND ADMINISTRATOR.

Admin will review lint accumulation sites - dryer ductwork - at least monthly to insure ongoing compliance. CJ, 11/20/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Faughnan

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

Christina Faughnan/Administrator

Date

11-5-13

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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The evacuation diagrams have not been updated to show the addition to the facility and the new fire exits since the addition was put on in 2003.

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.

- FOR EMERGENCY EVACUATION.
- PLAIN WAS NOT UPDATED SINCE ADDITION WAS ADDED.
- ADMINISTRATOR DID NOT HAVE ONE MADE UP THAT WAS UPDATED.
- HAVE NEW EMERGENCY DIGRAM MADE UP - current plan enclosed.
 Emergency Diagram
- ANY NEW ADDITIONS WILL BE ADDED TO NEW EMERGENCY DIAGRAM.
- ADMINISTRATOR IS RESPONSIBLE FOR DOING THIS. - Adm to review

regulations regarding this periodically - contact Regional office w/ questions/concerns

Adm will walk entire building at least monthly to insure compliance w/all fire safety components are in place and operable, check all routes of travel and locations of equip on diagram.
 Q. 11/20/13

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

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Printed Name and Title of Legal Entity Representative
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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The letter to the Fire Department dated 9/2013 notes all residents able to evacuate with minimal assistance. Staff person A reports 2 residents in the home require constant cuing to evacuate in the event of an emergency. The home has not updated the letter to the fire department of the home's assistance needed to evacuate in an emergency.

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

- THIS REGULATION IS IMPORTANT DUE TO THE FIRE DEPARTMENT KNOWING WHERE TO GO TO REMOVE THE RESIDENTS IN AN EVENT OF AN EMERGENCY.
- ADMINISTRATOR DID NOT NOTIFY THE LOCAL FIRE DEPARTMENT IN WRITING OF THE BEDROOMS OF RESIDENTS THAT NEED CONSTANT CUING TO EVACUATE IN THE EVENT OF AN EMERGENCY.
- ADMINISTRATOR WROTE LETTER TO LOCAL FIRE DEPARTMENT TO MAKE AWARE OF THE ASSISTANCE NEEDED FOR INDIVIDUALS THAT NEED ASSISTANCE TO EVACUATE DURING AN EMERGENCY.
- WHEN NEW RESIDENTS COME TO RESIDE AT THE FACILITY IF THEY NEED ADDITIONAL ASSISTANCE ADMINISTRATOR WILL UPDATE LETTER TO LOCAL FIRE DEPARTMENT.
- ADMINISTRATOR WILL BE RESPONSIBLE.

adm will also review current residents mobility status at minimum on a quarterly basis, more often in the event of a significant change to insure letter is updated to reflect residents needs.

CS. 11/20/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan / Administrator* Date *11-5-13*

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 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 5/20/13 at 11:35pm was actually conducted in the am. The fire drill log notes 5 people participated in the drill. The home is counting the person conducted the fire drill as a participant. The fire drill conducted on 3/14/13 at 10:30am notes 12 residents in the building when the alarm sounds but only 11 residents evacuated. Staff person B, who is the homes Administrator reports all residents evacuated but the number was never changed on the fire drill log. The home is not properly documenting the fire drills on the fire drill log.

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.

- THIS REGULATION IS IMPORTANT DUE TO CORRECT DOCUMENTATION OF SHOWING DATE, TIME, AND THE AMOUNT OF TIME IT TOOK FOR THE EVACUATION, THIS WAY THE STATE CAN SEE IT IS BEING DONE CORRECTLY IN CASE OF EMERGENCY TAKES PLACE FOR SAFETY. — and people evacuate safely in the allotted amount of time.
- ADMINISTRATOR PUT PM INSTEAD OF AM AND INCLUDED STAFF THAT PARTICIPATED.
- ADMINISTRATOR DID NOT TAKE TIME TO GO OVER WHAT WAS DOCUMENTED AND OVERLOOKED THERE! ERROR.
- ADMINISTRATOR WILL BE MORE CAREFUL ON HER WRITING DOWN AND CONDUCTING A NEW FIRE DRILL AND MAKE SURE WRITING IS CORRECT.
- GO OVER FIRE DRILL DOCUMENTATION TO ASSURE ALL TIMES, DATES, STAFF, AND RESIDENTS NUMBERS ARE CORRECT. — make they after every fire drill or actual emergency. *Q. 11/20/13.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan/Administrator* Date *11-5-13*

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drills conducted from 2/20/13-8/29/13 all exceed 2 minutes and 30 seconds for evacuation. The home does not have a valid letter from a fire safety experts within the last year indicating the technical construction of the building or identifying fire safe areas in the building to allow for additional evacuation time in the event of an emergency. The most recent letter from the fire safety expert is dated 2/8/12.

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.

- THIS VIOLATION IS IMPORTANT SO RESIDENTS AND STAFF ARE SAFE TO EVACUATE THE ENTIRE BUILDING IN A TIMELY MANNER AND THAT WITH MATERIAL WICH THE BUILDING IS MADE OF GIVES THEM ENOUGH TIME TO EXIT THE BUILDING AND WHERE TO MEET AT.
- THE HOME DID NOT HAVE A DRILL CONDUCTED WITHIN THE TIME FRAME WHICH WAS ALLOTTED.
- HOME KEPT TRYING TO GET AHOLD OF THE CHIEF OF THE FIRE DEPARTMENT AND DID NOT GET CONTACTED IN TIMELY MANNER.
- START IN A EARLIER MANNER TO GET AHOLD OF THE CHIEF OF THE FIRE DEPARTMENT SO THERE IS PLENTY OF THIME TO RECEIVE DOCUMENTATION.
- IF ADIMINISTRATOR CAN NOT GET AHOLD OF THE LOCAL FIRE DEPARTMENT CHIEF TO DO THE FIRE DRILL THEY WILL THEN CONTACT A DIFFERENT FIRE COMPANIES TO MAKE SURE IT DOESN'T OVER LAP THE TIME FRAME.
- THE ADMINISTRATOR IS RESPONSIBLE FOR THIS.

*new letter
 will be completed no later then 11-20-13*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan/Administrator* Date *11-5-13*

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

The above plan of correction is approved as of <u>12-06-13</u> (Date)	Plan of correction implementation status as of <u>12-06-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's most recent sleeping hour fire drill was conducted on 7/31/13 at 5:50am. The previous sleeping hour fire drill was conducted on 9/22/12 at 4:00am. The home is not completing a sleeping hour fire drill every 6 months.

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

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

- THIS IS IMPORTANT TO MAKE SURE RESIDENTS EVACUATE IN TIMELY MANNER DURING SLEEPING HOURS.
- FIRE DRILL WAS NOT DONE EVERY 6TH MONTH DURING SLEEPING HOURS.
- ADMINISTRATOR DID NOT CONDUCT IN TIMELY MANNER.
- REDUE A FIRE DRILL DURING THE SLEEPING HOURS.
- GO OVER FIRE DRILL MONTHLY BOOK TO MAKE SURE FIRE DRILL IS DONE EVERY 6TH MONTH DURING SLEEPING HOURS.
- ADMINISRTATOR IS RESPONSIBLE FOR THIS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Feughan

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

Administrator
 Christina Feughan

Date

11-5-13

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

The above plan of correction is approved as of 12-06-13
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4's most recent medical evaluation was completed on 3/13/13. Resident #4 was admitted to the home on 6/25/12. The home did not complete an initial medical evaluation within 60 days prior to admission or 30 days after.

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.

- IT IS IMPORTANT THAT THE RESIDENT HAS MEDICAL EVALUATION TO MAKE SURE THE RESIDENT IS ABLE TO MEET PERSONAL CARE LIVING QUALIFICATIONS, AND ALSO THAT STAFF IS ABLE TO MEET RESIDENTS NEEDS.
- MEDICAL EVALUATION NOT COMPLETED IN A TIMELY MANNER.
- MEDICAL EVALUATION NOT BEING COMPLETED AND NOTICED BY ADMINISTRATOR IN FILE.
- ADMINISTRATOR WILL GO THROUGH ALL FILES TO MAKE SURE ALL ARE DONE TIMELY AND MAKE SURE RESIDENT HAS MED BEFORE ADMISSION.
- MAKE SURE RESIDENT HAS MED BEFORE ADMISSION.
- ADMINISTRATOR IS THE RESPONSIBLE ONE.

Medical Evaluation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Faughnan

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

Christina Faughnan Administrator

Date

11-5-13

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

The above plan of correction is approved as of

12-06-13
 (Date)

Plan of correction implementation status as of

12-06-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *NO NEW ADMISSIONS*

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was dated 6/15/12. The home did not complete an annual medical evaluation.
 Resident #5's most recent medical evaluation was dated 8/6/12. The home did not complete an annual medical evaluation.
 Resident #6's most recent medical evaluation was dated 5/19/13, the previous medical evaluation was completed on 2/7/12. The home did not complete an annual medical evaluation.

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.

Medical Administrator

- TO MAKE SURE RESIDENT IS ABLE TO LIVE IN PERSONAL CARE FACILITY AND NEEDS CAN BE MET.
- ~~MA-51~~ NOT COMPLETED IN TIMELY MANNER.
- ~~MA-51~~ WAS NOT IN THE RESIDENTS FILE.
- ~~MA-51~~ WAS COMPLETED FOR THE RESIDENT AND ADMINISTRATOR WILL GO THROUGH OTHER FILES MONTHLY BASIS TO MAKE SURE NONE OVERLAP THE TIME FRAM.
- ADMINISTRATOR STARTING JANUARY 2014 WILL BE HAVING ALL RESIDENTS MA-51 DUE IN SAME MONTH.
- THE ADMINISTRATOR IS RESPONSIBLE FOR THIS.

oc as needed based on a significant event or new dx.

Adm will develop a calendar or ticker file to assist in tracking compliance component (dates)

Repeat Violation: Yes.	Date(s) of Previous Violation(s):	09/07/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faythman*

Printed Name and Title of Legal Entity Representative *Administrator*
 (Required on EVERY Page) *Christina Faythman* Date *11-5-13*

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u><i>CF</i></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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is self administering the Miconazole nitrate 2% spray twice daily. Resident #1 has not been assessed to self administer medications. Resident #1's DME dated 6/15/12 notes the resident cannot self administer medications.

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 MAKE SURE RESIDENT IS ABLE TO ADMINISTER MEDICATION SAFELY AND IS NO HARM TO THEMSELVES OR OTHERS.
- RESIDENT HAD SPRAY THEY APLIED TO THEMSELVES IN BEDROOM.
- COULD NOT FIND SCRIPT FROM RESIDENTS DOCTOR SAYING SHE WAS ABLE TO HAVE IN BEDROOM TO SPRAY IT ON HERSELF.
- HAVE DOCTOR SEND A NEW SCRIPT AND CHANGE ON MA-51.
- GO THROUGH RESIDENTS FILES TO MAKE SURE SCRIPTS ARE PRESENT ON A MONTHLY BASIS.
- ADMINISTRATOR.

Administrators will make random reviews of drs. orders at least quarterly.

will have completed no later than 11-13-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Christina Faughnan Date 11-5-13

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

The above plan of correction is approved as of <u>10-06-13</u> (Date)	Plan of correction implementation status as of <u>10-06-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 #7 does not have a current order for Acetaminophen 500mg, however the over the counter medication was located in the medication cart with the residents name on it.

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.

- THIS IS IMPORTANT TO MAKE SURE RESIDENTS DO NOT TAKE MEDICATION THAT MAY INTERACT WITH EACH OTHER.
- RESIDENT #7 HAD MEDICATION THAT HAD NO SCRIPT.
- MEDICATION WITH RESIDENTS NAME ON ACETAMINOPHEN 500 MG WITH NO SCRIPT.
- MEDICATION WAS REMOVED AND DICARDED.
- MEDICATION TRAINER AND MEDICATION CAREGIVER WILL GO THROUGH MAR'S TO MAKE SURE NOTHING EXTRA IS IN SUPPLY OR IN RESIDENTS BELONGINGS BESIDES WHATS HAS A SCRIPT ON A MONTHLY BASIS.
- MEDICATION TRAINER, MEDICATION CAREGIVER, AND ADMINISTRATOR.

Adm will make random reviews of med cart, orders, and MARs @ least quarterly to insure ongoing compliance. 11/20/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan Administrator* Date *11-5-13*

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u>OP</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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #7's Acetaminophen 500 mg was located in the home's medication cart with an expiration date of 2/13.

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.

- THIS IS IMPORTANT DUE TO MAKING SURE MEDICATIONS WORK TO THERE FULL ^{POTENTIAL} RESIDENTS GET FULL EFFECT.
- OUT DATED ACETAMINOPHEN 500 MG WAS FOUND IN MEDICATION CART.
- DATE WAS OVER LOOKED BY STAFF.
- MEDICATION WAS DESTROYED.
- A MONTHLY CHECK WILL BE DONE TO MAKE SURE MEDICATIONS ARE NOT OUT DATED.
- MEDICATION CAREGIVER AND ADMINISTRATOR ARE RESPOSABLE FOR CHECKING AND SIGNING SHEET.

Adm will conduct random audit of home's Med cart (s) in order to insure ongoing compliance. *CF* 11/20/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Faughman Administrator* Date *11-5-13*

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u><i>CF</i></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: 31615 - 09/24/2013 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

Resident #5's artificial tears did not have a pharmacy label attached.

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 MAKE SURE IT IS THE RIGHT RESIDENT, NAME OF MEDICATION, DATE IS WAS ISSUED, RIGHT DOSAGE AND INSTUCTION FOR ADMINISTRATION, AND NAME OF THE TITLE OF THE PRESCRIBER SO IF ANYTHING HAPPENS INFORMATION IS AVAILABLE.
- THERE WAS NO PHARMACY LABE ATTACHED TO THE ARTIFICIAL TEARS FOR RESIDENT #5.
- THE BOX WAS MISSING.
- GET NEW ARTIFICIAL TEARS WITH LABEL.
- CHECK DAILY WHEN GIVING MEDICATION THAT IS COMES OUT OF THE BOX WITH PHARMACY LABELS ON AND REPORT TO ADMINISTRATOR IF IT IS MISSING.

Adm or designee will audit Med cart contents weekly to insure ongoing compliance. *eg*, 11-20-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Faughman

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

Christina Faughman/Administrator

Date

11-5-13

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

The above plan of correction is approved as of 11-20-13
(Date)

Plan of correction implementation status as of 11/20/13
(Date)

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

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

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 9/11/13 6pm-6am narcotic count sheets were not signed off by the off going 6pm shift. On 9/24/13 the off going 6pm-6am staff person signed the narcotic count sheets prior to counting with the on coming 6pm staff person.

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.

- IT IS IMPORTANT DUE TO MAKING SURE THAT RESIDENTS NARCOTIC SHEETS ARE COUNTED AND SIGNED BEFORE AND AFTER EACH SHIFT TO MAKE SURE MEDICATIONS ARE BEING ACCOUNTED FOR AND NOT MISSING OR MISABUSED.
- NARCOTICS WERE NOT SIGNED FOR OFF GOING SHIFT AND PRE SIGNED BEFORE COUNTING WAS CONDUCTED.
- MEDICATION STAFF NOT DOING JOB PROPERLY.
- CONFRONTED MEDICATION CAREGIVER AND RETRAINING IN PASSING OF MEDICATIONS AND COUNTING NARCOTICS.
- DO SPOT CHECKS WEEKLY TO MAKE SURE MEDICATION CAREGIVERS ARE NOT SIGNING EARLY AND DOING COUNTS.
- ADMINISTRATOR *will do this spot checking.*

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

Printed Name and Title of Legal Entity Representative *Administrator*
 (Required on EVERY Page) *Christina Faughnan* Date *11-5-13*

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

The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

On 9-24-13, Resident #7, was prescribed a NB ABC Plus Multi Vitamin – Centrum tab, there is no medication cassette available for this medication and it has been signed that the resident has received it every day through the month of September.
 On 9-24-13, Resident #7, was prescribed Premarin Vaginal Cream, resident is allowed to self-administer, however there was not any of this medication in the resident's room and the staff is signing that the medication has been administered.
 On 9-24-13, Resident #7, was prescribed Sodium Chloride 5% eye drops, the Medication Administration record was not signed on 9-23-13 that it was given that day.

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.

- IT'S IMPORTANT TO HAVE DOCUMENTATION THAT MEDICATION IS GIVEN OR NOT GIVEN.
- SIGNING FOR MEDICATIONS THAT RESIDENT NO LONGER GETS AND NOT SIGNING WHEN GIVING MEDICATIONS THEY NEED.
- MEDICATION CAREGIVERS NOT SIGNING FOR MEDICATION GIVEN AND SIGNING WHEN NOT GIVEN.
- SPEAK TO MEDICATION CAREGIVERS ABOUT THE IMPORTANCE OF DOCUMENTATION.
- RETRAIN ON MEDICATIONS.
- MEDICATION TRAINER AND ADMINISTRATOR.

Adm is making performing weekly audits to insure compliance. Documentation of these reviews will be maintained in the home

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrative* Date *11-5-13*
Christina Faughnan

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

The above plan of correction is approved as of 12-6-13
 (Date)

Plan of correction implementation status as of 12-6-13
 (Date)

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

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

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

Resident #2 refused 8pm medications on 9/20/13 and the ABC plus senior tablet on 9/22/13. The home did not notify the resident's doctor of the refusals.

On 9-24-13, Resident #7, was prescribed Ofloxacin 0.3% ear drops, the resident has refused this medication every day during the month of September and the physician was not notified.

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.

- THIS IS IMPORTANT DUE TO IF RESIDENT KEEPS REFUSING OR EVEN JUST ONCE COULD EFFECT RESIDENT IN MANY WAYS.
- NOT REPORTED IN 24 HOURS PERIOD TO PRESCRIBER
- ADMINISTRATOR NOT BEING NOTIFIED TO REPORT.
- SPOKE TO MEDICATION CAREGIVER ABOUT THE PROCEDURES OF WHATS TO BE DONE SO THEY ARE REMINDED OF PROPER STEPS TO TAKE.
- MEDICATION CAREGIVER WILL CONTACT ADMINISTRATOR SO THEY CAN CALL WITH IN 24 HOURS TO REPORT TO PRESCRIBER.
- ADMINISTRATOR - will make reviews of the meds on a monthly basis to insure compliance
 C. 12-6-13

Repeat Violation; No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christie Jaugh

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

Christina Faughnan Administrator

Date

11-5-13

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

The above plan of correction is approved as of 12-6-13
 (Date)

Plan of correction implementation status as of 12-6-13
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed 5pm medications on 9/15/13 and the prescribed colace at 12pm on 9/19/13 due to being out of the facility. The home is not following the prescribers orders.

Resident #6 utilizes a sliding scale for insulin coverage. On 9/3/13 the blood sugar reading was 236. 6 units of insulin should have been administered according to the sliding scale. On 9/10/13 the blood sugar reading was 239. 6 units of insulin should have been administered according to the sliding scale. On 9/11/13 the blood sugar reading was 238. 6 units of insulin should have been administered according to the sliding scale. The home is not following the prescribers orders.

On 9-24-13, Resident #5, in the medication administration record is prescribed Combivent 103/18 mg. inhaler --use by mouth 2puffs four times daily as needed for asthma, and it is not being given. The prescription on the box states, Alburol 90/18 -- use 2 puffs by mouth four times a day.

On 9-24-13, Resident #7, has a prescription for Triamcinoilone 0.1% cream, apply externally to ears once daily at bedtime and as needed. The medication is being treated as a PRN only and has not been given throughout the month of September.

On 9-24-13, Resident #7, was prescribed a NB ABC Plus Multi Vitamin -- Centrum tab, there is no medication cassette available for this medication and it has been signed that the resident has received it every day through the month of September.

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.

- THIS IS IMPORTANT DUE TO THE RESIDENTS NEED CERTAIN MEDICATIONS FOR CERTAIN REASONS.
- HOME DIDN'T FOLLOW THE DIRECTIONS OF THE PRESCRIBER.
- RESIDENTS DIDN'T RECIVE MEDICATIONS WHEN OUT OF THE BUILDING, OR THE RESIDENT REFUSED THE MEDICATION AND WAS NOT REPORTED.
- RETRAIN ALL MEDICATION CAREGIVERS AND SPEAK TO THEM ON HOW IMPORTAINT IT IS TO GIVE MEDICATIONS TO RESIDENTS WHO ARE LEAVING THE BUILDING AND LET THEM KNOW IF A RESIDENT REFUSES. ADMINISTRATOR WILL CALL THE DOCTOR AND LET THEM KNOW THAT THE RESIDENT REFUSED AND WHAT WE SHOULD DO.
- ADMINISTRATOR WILL REVIEW MAR BOOK TO MAKE SURE THAT HOME IS FOLLOWING DIRECTIONS OF THE PRESCRIBER ON A WEEKLY BASIS.
- ADMINISTRATOR

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Faughnan

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

Administrator
 Christina Faughnan


Date

11-8-13

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The above plan of correction is approved as of 12-6-13
 (Date)

Plan of correction implementation status as of 12-6-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed 5pm medications on 9/15/13 and the prescribed colace at 12pm on 9/19/13 due to being out of the facility. The home did not notify the resident, the resident's designated person, or the prescriber of the medication errors.

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.

- THIS IS IMPORTANT SO EVERYONE IS AWARE THAT A MEDICATION WAS NOT GIVEN.
- RESIDENT #1 DIDN'T RECEIVE COLACE WHEN OUT OF BUILDING.
- RESIDENT DIDN'T COME HOME TILL AFTER MEDICATION WAS TO BE GIVEN.
- RETRAIN ALL MEDICATION CAREGIVERS.
- SPEAK WITH RESIDENTS FAMILY OR WHOEVER IS TAKING THE RESIDENT OUT TO MAKE SURE WHAT TIME THEY WILL BE RETURNING. IF THEY ARE UNSURE OF WHEN THEY WILL BE RETURNING THEN THE MEDICATION CAREGIVER WILL SEND THE MEDIATIONS WITH ~~WHOEVER IS WITH THEM AT THAT TIME~~ Family members - as per adm
- ADMINISTRATOR AND MEDICATION CAREGIVER

Q, 11-20-13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughman Administrator* Date *11-5-13*

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

The above plan of correction is approved as of <u>12-6-13</u> (Date)	Plan of correction implementation status as of <u>12-6-13</u> (Date)
The above plan of correction was approved by <u><i>oo</i></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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 On 9-22-2013, Direct Care Staff Person E, date of hire 9-17-13, worked independently and has not successfully completed a Department-approved medications administration course.

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.

Direct staff E didn't work by herself, she was working with another staff member that was Department-approved medication certified. Documents Attached.

*Withdrawn
 Christine Faughan
 10-6-13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughan Administrator* Date *11-5-13*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff persons D and E have worked independently and have not completed a Department approved Diabetes patient education program.

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 IMPORTANCE OF THIS IS IF RESIDENT WOULD DROP AND NEED INSULIN THE MEDICATION CAREGIVER WOULD BE ABLE TO ADMINISTER THE INSULIN.
 - STAFF PERSON D WORKED INDEPENDENTLY AND DIDN'T HAVE DIABETES PATIENT EDUCATION PROGRAM.
 - ADMINISTRATOR SCHEDULED STAFF PERSON D ON NIGHT SHIFT WHEN INSULIN WASN'T GIVEN. BUT TOOK CHANCE OF DROPPING AND TO CALL THEM IF IT DID.
 - SCHEDULE WAS CHANGED AND STAFF PERSON WAS TRAINED.
 - NOT LETTING STAFF WORK ALONE UNLESS PROPERLY TRAINED IN DIABETES.
 - ADMINSTRATOR - will monitor training and schedule annual training to maintain compliance
- CP.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Christina Faughnan	Date 11-5-13

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

The above plan of correction is approved as of <u>12-6-13</u> (Date)	Plan of correction implementation status as of <u>12-6-13</u> (Date)
The above plan of correction was approved by <u>CP</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: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #3's RASP dated 10/15/12 is incomplete, there is nothing noted in Section 4 for social and recreational needs.

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

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

- IT IS IMPORTANT TO MAKE SURE THE STAFF IS AWARE OF THE SOCIAL AND RECREATIONAL NEEDS OF THE RESIDENTS.
- SECTION 4 WAS NOT COMPLETED.
- ADMINISTRATOR DIDN'T FOLLOW THROUGH TO MAKE SURE ALL WAS COMPLETED.
- FILL IN EMPTY SPOTS.
- MONTHLY CHECKS ON RESIDENTS FILES.
- ADMINISTRATOR

will follow up w/ random checks monthly or after new admissions to insure ongoing compliance. J. 11/20/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Faughman

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

Christina Faughman Administrator

Date

11-5-13

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The above plan of correction is approved as of

11/20/13
 (Date)

Plan of correction implementation status as of

11/20/13
 (Date)

The above plan of correction was approved by

JF
 (Initials)

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- Not Implemented

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 #5's most recent assessment is dated 12/5/11. The home did not complete a new assessment within the annual timeframe.

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.

- IT'S IMPORTANT TO LET STAFF KNOW IF ANY CHANGES HAVE BEEN MADE AND THAT CAN MEET RESIDENTS NEEDS.
- RESIDENTS RECENT ASSESMENT WASN'T IN FILE.
- ADMINISTRATOR OVER LOOKING AND NOT MAKING SURE ALL PAPERS WERE IN FILE.
- HAVE UPDATED ASSESMENT COMPLETED.
- ADMINISTRATOR DOING MONTHLY CHECKS ON FILES AND UPDATING PLANS WHEN NEEDED IN A TIMELY MANNER.
- ADMINISTRATOR *will set up schedule to review residents records in month annual regulatory documents are completed, signed & dated to insure ongoing compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughman Administrator</i>	Date <i>11-5-13</i>
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The above plan of correction is approved as of 11/20/13
 (Date)

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

Plan of correction implementation status as of 11/20/13
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31615 - 09/24/2013 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #5's DME dated 8/6/12 notes the resident is moderately immobile, however the assessment dated 12/5/11 notes the resident does not have a mobility need.

Resident #6's DME dated 5/19/13 notes the resident is moderately immobile, however the RASP dated 2/6/13 notes the resident is mobile and requires limited physical or oral assistance to evacuate in the event of an emergency.

Staff person A reports that both Resident #5 & #6 require constant cuing to exit the building in the event of an emergency.

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

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

- IMPORTANT SO STAFF KNOWS IN CASE OF EMERGENCY'S THAT RESIDENTS NEED HELP WITH MOBILITY NEEDS.
- MOBILITY NEEDS DIDN'T MATCH UP WITH RESIDENTS NEEDS.
- DOCUMENTATION NOT MATCHING UP TOGETHER.
- UPDATED ASSESMENTS ON RESIDENTS.
- MAKE SURE DOCUMENTATION MATCHES UP FROM DME TO ASSESSMENT SHEETS.
- ADMINISTRATOR. *Will review monthly to insure*

Compliance and update any other regulatory requirements related to resident mobility (#129)

OC 11/20/13

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

Printed Name and Title of Legal Entity Representative *Administrator* Date *11-5-13*
 (Required on EVERY Page) *Christina Faughnan*

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

The above plan of correction is approved as of <u><i>11/20/13</i></u> (Date) <u><i>OC</i></u> (Initials)	Plan of correction implementation status as of <u><i>11/20/13</i></u> (Date) <ul style="list-style-type: none"> <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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