

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JACK AND CHERYL EVANS SENSANBAUGHER  
LEGAL ENTITY

To operate EVANS' PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141  
(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 8  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 April 10, 2014 until October 10, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 417371

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING DIRECTOR

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: APR 10 2014**

Ms. Cheryl Sensanbaugher, Administrator/Owner  
Jack and Cheryl Evans Sensanbaugher  
P.O. Box 214  
New Galilee, Pennsylvania 16141

RE: Evans Personal Care Home  
503 Centennial Avenue  
New Galilee, Pennsylvania 16141  
License #: 417371

Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 11, 2013 and January 30, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #417370 dated December 2, 2013 to December 2, 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 FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 2, 2013 to December 2, 2014 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65g	III	8	\$3	\$24	15 calendar days from mailing date of this letter
89c	III	8	\$3	\$24	15 calendar days from mailing date of this letter
102d1	III	8	\$3	\$24	15 calendar days from mailing date of this letter
171b5	III	8	\$3	\$24	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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. Cheryl Sensanbaugher

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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  
Director

Enclosures  
License  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: EVANS PERSONAL CARE HOME		License Number: 41737
Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141		County: Beaver
Administrator: CHERYL EVANS SENSANBAUGHER		Region: WEST
Legal Entity Name: JACK AND CHERYL EVANS SENSANBAUGHER		<b>RECEIVED</b>
Legal Entity Address: P.O. BOX 214, NEW GALILEE, PA 16141		
Certificate(s) of Occupancy SP 02/10/1997 L&I		JAN 7 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/11/2013: Mandock, Nancy; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 10/11/13, the privacy coding document from the home's violation report dated 4/2/12, which listed current residents of the home including resident # 1 and # 2, was posted on the wall in the unlocked kitchen and accessible.

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.

Document was immediately removed, during inspection.  
In the future all confidential information will be kept private, including residents names.

5-10-14 All staff persons were be educated on the confidentiality of resident records, including privacy coding documents and the procedures for maintaining resident records in a secure location. JPP 3-27-14

5-10-14 The administrator will monitor the home weekly to ensure all resident records are confidential, kept safe and locked. JPP 3-27-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whonic*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whonic Asst. Admin.*      Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

On 09/1/13 and 10/1/13, cash disbursements of \$100.00 were made to resident # 1. The home did not obtain the resident's signature for the receipt of the disbursements.

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 resident acknowledged in front of the inspectors that he had received monies for those dates. All future disbursements will be documented + signed immediately.

5-10-14 All staff persons handling or managing finances will be educated on the home's financial management policy and procedures. Documentation of education shall be kept. JHP 3-27-14

5-10-14 The administrator will review all financial transactions records weekly to ensure the record includes the dates, amounts of deposits, amounts of withdrawals, the current balance and the resident's signature for any disbursements. 3-27-14 JHP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whorrie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whorrie Asst. Admin*      Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14 (Date)

Plan of correction implementation status as of 3-28-14 (Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

JAN 7 2014

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 7 hours of annual training in training year 1/1/12 - 12/31/12.

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.

The home administrator will do "make-up" classes this year to become current for 2012/2013. To prevent this we will schedule classes in advance. It was a misunderstanding in thinking that all training could be completed on-line.

5-10-14 An annual training plan will be developed for the administrator which includes 24 hours of Department approved training. JSP 3-27-14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/20/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

Heather Whorric

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

Heather Whorric Asst. Admin

Date

12/30/13

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

The above plan of correction is approved as of

3-28-14  
(Date)

Plan of correction implementation status as of

3-28-14  
(Date)

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

The above plan of correction was approved by

JSP  
(Initials)

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Volunteer staff person B did not receive training in fire safety, emergency preparedness procedures, resident rights, the Older Adult Protective Services Act, and falls and accident prevention during training year 1/1/2012 to 12/31/2012.

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 training was completed in Nov. 2013. To prevent this from happening we will review staff training multiple times per year.

5-10-14 the administrator will review the annual training plan to ensure all required training topics in 2600.65(g) are included, including fire safety, emergency preparedness procedures, resident rights, the Older Adult Protective Services Act, and falls and accident prevention. JHP 3-27-14

By 10-30-14 the administrator will review all staff records to ensure all staff have received <sup>all</sup> training under regulation 2600.65(g). If any staff person has not received the training, they will be immediately scheduled so as the training will be completed by 12-31-2014. JHP 3-27-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whorik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whorik Asst. Admin* Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14 (Date)

Plan of correction implementation status as of 3-28-14 (Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
 PCH Name: EVANS PERSONAL CARE HOME

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

JAN 7 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

- ① On 10/11/13, at 9:00 AM, a wet, yellowish liquid, identified by staff person A, the home's administrator, as dog urine, was observed on the floor in the home in two locations: (1) - a 6" x 8" area on the floor in the hallway near the exterior door to the side porch, and (2) - a 3" x 5" area on the floor in the middle of the family room.
- ② On 10/11/13, (5) wet washcloths were scattered in the home's first floor common resident bathroom. The washcloths were not labeled with any resident's names, and were observed in the following locations in the bathroom: (1) - was in the base of the shower stall, (2) - were hanging from a grab bar in the shower, (1) - was on the lid to the toilet's water tank, and (1) - was on the bathroom's sink top.
- ③ On 10/11/13, 2 large piles of dog feces were observed on the exterior, rear deck of the home.
- ④ On 10/11/13, a large pool of standing water (approximately 8' long x 4' wide x 2" deep) was observed on the floor in the home's basement level furnace room.
- ⑤ On 10/11/13, multiple piles of soiled, wet, moldy smelling laundry were observed on the floor in the basement level laundry area.
- ⑥ On 10/11/13, the common resident bathroom, located on the second floor of the home, lacked any means of hand-drying option at the bathroom sink.
- ⑦ On 10/11/13, a portable fan that was covered with an excessive accumulation of dust was observed on the floor in the home's kitchen. The fan was operating, and was pointed in the direction of the kitchen table where residents of the home eat meals.

5-10-14 All staff persons were educated on maintaining sanitary conditions and the reporting methods for unsanitary conditions. Documentation will be kept. JGP 3-27-14

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.) Since inspection we have re-homed many of the dogs in the home. All spills/accidents are to be cleaned up immediately to prevent falls.
- 2.) We will remind residents to put all dirty linens in clothes hamper daily.
- 3.) Refer to #1. All accidents to be cleaned up immediately the home daily.
- 4.) A staff member cleaned up the spill, it was a leaky pipe. In the future the basement will be monitored closely.
- 5.) This wet laundry was due to the leak all laundry will be kept off of the floor from now on. 5-10-14 the administrator who monitors the home was key to ensure sanitary conditions are maintained. JGP 3-27-14
- 6.) The dispenser was out of towels, it will be checked daily.
- 7.) The fan was cleaned. Staff was instructed to clean fans if they are dirty.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whore Ass't Admin*      Date *1/2/30/13*

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

The above plan of correction is approved as of 3-28-14 (Date)      Plan of correction implementation status as of 3-28-14 (Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can, located in the home's first floor common resident bathroom, lacked a lid. The can was approximately 1/3 full of trash.

The trash can, located in the common resident bathroom on the second floor, was overflowing with trash. The trash prevented the lid of the can from closing securely.

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

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

A new trash can was placed in the first floor bathroom, that had a lid ~~attached~~ attached to it. Trash to be removed at each shift.

Replaced trash can with a larger can with lid. Trash to be removed at each shift.

5-10-14 The administrator will check all trash receptacles in the kitchen and bathrooms on a weekly basis to ensure each trash receptacle is covered. JJP 3-27-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Heather Mioric

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Mioric Asst Admin Date 12/30/13

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

The above plan of correction is approved as of 3-28-14 (Date)

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

Plan of correction implementation status as of 3-28-14 (Date)

- Fully Implemented
Partially Implemented - Adequate Progress (checked)
Partially Implemented - inadequate Progress
Not Implemented

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There was no exterior lighting, located at the rear deck of the home and exterior steps from the rear deck to grade level by the home's above ground pool. This area is used as a possible evacuation route from 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.

An exterior light will be added to the rear deck by Feb. 1, 2014.  
By installing the light it will assist in evacuating residents for drills / emergencies.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorrie*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorrie Asst Admin*      Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 10/11/13, from approximately 9:00 AM to 9:55 AM, a dog bone, approximately 2"X3" in size, was observed lying on a step of the stairway that leads from the living room to the second floor. This posed a possible tripping hazard for residents.

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

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

The dog bone was removed once notified. Staff was instructed to keep stairways free of all tripping hazards.

5-10-14 All staff will be educated in monitoring and keeping all floors, walls, ceilings, windows, doors and other surfaces clean, in good repair and free of hazards. Documentation will be kept.

5-10-14 The administrator or designated staff person will check the home daily to ensure all required areas are clean, in good repair and free of hazards including all steps being clear of tripping hazards such as dog bones. JHP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Whoric*

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

Heather Whoric Asst. Admin

Date 12/30/13

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water source. For the period 10/11/12 to 10/11/13 inclusive, the home has had coliform water tests completed by a Department of Environmental Protection - certified laboratory on 11/11/12 and 8/20/13.

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.

The home's water is protected by an ultra-violet light water system. We will ensure that the water is tested every 3 months as directed. Coliform water test conducted 1/13/14. JHP

Immediately: The administrator will have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory. Documentation will be kept for inspectors review. JHP 3-27-14

5-10-14 The administrator will develop a tracking system as a reminder to have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory. JHP 3-27-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whoric*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whoric Asst Admin* Date *12/30/13*

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

The above plan of correction is approved as of <u>3-28-14</u> (Date)	Plan of correction implementation status as of <u>3-28-14</u> (Date)
The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JHP</i> <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

1. REGULATION 55 Pa.Code §2600  
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The exterior step, located outside the door in the first floor hallway near the common resident bathroom, lacks a handrail/grab bar.  
The interior stairway, which leads from the living room to the second floor, has a handrail which is loose and poorly secured at the top of the stairs.

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 grab-bar will be installed at the door-way in the first floor hallway no later than Feb. 1, 2014.
  - 2) The handrail leading to the livingroom will be reinforced. No later than Feb 1, 2014
- 5-10-14 the administrator will do an inspection of the home ensuring each ramp, interior stairway and outside steps have a well-secured handrail. If a handrail is loose it will be immediately repaired, if a handrail is needed it will be installed immediately. JJP 3-27-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whorric*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whorric Asst Admin* Date *12/30/13*

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The above plan of correction is approved as of <u>3-28-14</u> (Date)	Plan of correction implementation status as of <u>3-28-14</u> (Date)
The above plan of correction was approved by <u>JJP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JJP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
 PCH Name: EVANS PERSONAL CARE HOME

**RECEIVED**

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

JAN 7 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The toilet seat, located in the first floor common resident bathroom, had several sections where the paint was worn completely off, exposing bare wood on the seat. This posed a possible sanitation risk to residents.

There was no switch plate or cover on the light switch located on the front wall in the living room by a small table. This posed a possible electrical shock risk to residents.

The exhaust pipe for the dryer was not securely attached to the dryer and an excessive amount of dryer lint was observed in the basement along the back wall behind the washer and dryer, as well as around the wiring above the home's electrical box.

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 toilet seat had chipped away due to cleaning products. A new toilet seat has since been installed. Staff are to look for wear + tear on any items in the home.

The switch plate had cracked + was removed. A new plate has been placed.

The exhaust pipe was replaced + secured. All staff were made aware of the importance of removing all dryer lint in the laundry area.

5-10-14 All staff persons will be educated on the need to keep furniture and equipment in good repair, clean and free of hazards.

5-10-14 The administrator will conduct a weekly physical health and safety inspection to ensure all furniture and equipment is clean, in good repair, and free of hazards. JHP 3-27-14

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heather Whorrie Asst Admin* Date *12/30/13*

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Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

JAN 7 2014

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

A rusted metal can and large piece of glass - approximately 10"X 24' in size, was observed laying on the ground in the rear yard of the home. This area is accessible to 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.

The metal can and glass were removed from the yard. Proper precautions will be taken to keep the yard free of hazards. Staff is to remove any hazards immediately.

5-10-14 The administrator will conduct a weekly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. JHP 5-27-14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorick Asst Admin* Date *12/30/13*

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JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, at approximately 11:00 AM, a bag of kitty litter and a plastic flower pot; which posed a possible tripping hazard to residents, were observed on the steps of the home's exterior fire escape.

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 litter + pot were removed. All staff + residents were informed to keep the emergency exit clear at all times.

5-10-14 A designated staff person will inspect the home's exterior fire escape daily to ensure all obstructions are removed. JJP 3-27-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whorric Asst Admin* Date *12/30/13*

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

Plan of correction implementation status as of 3-28-14 (Date)

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
 PCH Name: EVANS PERSONAL CARE HOME

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

JAN 7 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar located by the toilet in the first floor common resident bathroom.

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

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

A grab bar will be installed by Feb. 1, 2014 to assist residents in bathroom.

5-10-14 The administrator will inspect all toilets and bath areas in the home to ensure all have a grab bar, hand rail or assist bar. JHP 3-27-14

5-10-14 All staff persons will be educated on the necessity and importance of all toilet and bath areas having a grab bar, hand rail or assist bars. JHP 3-27-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Heather Whonic*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heather Whonic Asst Admin* Date *12/30/13*

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RECEIVED

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The following foods, located in the home's kitchen cabinets, were opened and unsealed: a 5 lb package of pancake mix, a bag of marshmallows, a 32 ounce bag of elbow macaroni, a package of graham crackers, and a package of saltine crackers.

A package, containing approximately 10 pieces of chicken nuggets, located in the home's kitchen freezer, was opened and unsealed.

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

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

Staff has been instructed to properly seal/date all foods when a product has been opened.

5-10-14 All staff persons involved in food preparation, storage and serving will be educated regarding the safe storage of foods, including food stored in closed or sealed containers. Documentation of training will be kept. JHP 3-27-14

Immediately: Any foods found opened and unsealed will be discarded. JHP 3-27-14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whone Asst Admin* Date *12/30/13*

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Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
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 10/11/13, the home had 8 residents, and had no gallons of emergency drinking water onsite or a contract with a local bottled water supplier.

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 has purchased a 3 day supply of food/drinking water to be stored for emergencies. If a staff member uses any of the supply they are to notify an Admin.

Immediately: The administrator will keep a three day supply of water on-hand in the home for each resident or will obtain a contractual agreement with a vendor for an emergency supply of water which will be delivered in the event of an emergency. If water cannot be immediately supplied, the home will maintain the required amount of water on-hand until the emergency supply can be delivered. JSD 3-27-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorik*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorik Asst Admin*      Date *12/30/13*

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(Date)

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(Initials)

Plan of correction implementation status as of 3-28-14  
(Date)

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
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

On 10/11/13, a dog named Solomon was present at the home. The home did not have a current certificate of rabies vaccination for Solomon.

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.

Solomon received his rabies shot, it is in file. He has since passed away. All animal will be kept current on Rabies vaccines.

5-10-14 The administrator will review all records for any dogs or cats present in the home to ensure all have a current certificate of rabies vaccination.  
JJP 3-27-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorric*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorric Asst-Admin*      Date *12/30/13*

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Plan of correction implementation status as of 3-28-14 (Date)  
 Fully Implemented *JJP*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 10/11/13, a wooden lattice partition, that covered the entire width of the home's front porch on the right side, blocked egress of the exit route from the home's exterior double doors in the living 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.

The partition was used to keep the dogs from leaving the porch. It has been removed and will not be replaced.

5-10-14 All staff persons will be educated on maintaining unlocked and unobstructed stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. JPP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Mhonic*

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

Heather Mhonic Asst Admin

Date

12/30/13

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The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

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

On 10/11/13, the emergency preparedness plan for the municipality in which the home is located was not posted in a conspicuous and public place in the home.

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

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

The Beaver County Emergency Agency was contacted. They mailed out the requested information & it is now on our home's bulletin board.

5-10-14 (the administrator will inspect the home's bulletin board monthly to ensure all required posted information is in place including the emergency preparedness plan from the homes municipality. JHP 3-27-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whone*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whone Asst Admin*      Date *12/20/13*

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(Date)

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(Initials)

- Fully Implemented *JHP*
- Partially Implemented - Adequate Progress
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JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, two washcloths were observed on the floor within 6" of the base of the hot water tank.

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 wash clothes were removed immediately. Staff were educated on the importance of fire hazards like this.

5-10-14 All staff persons will be educated concerning keeping combustible or flammable materials away from heat sources. Documentation shall be kept. JHP 3-27-14

5-10-14 The administrator or designated staff person will check the home weekly for combustible or flammable materials near heat sources. JHP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Heather Whone

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

Heather Whone Asst Admin

Date 12/30/13

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- Not Implemented JHP

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(Initials)

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
 PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

1. REGULATION 55 Pa.Code §2600  
 2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/11/13, the following combustible materials were unlocked and accessible to residents on the rear deck of the home: (2) bottles of citronella torch fuel, with a manufacturer's label which read "combustible liquid", and (1) spray can of metallic spray paint with a manufacturer's label which read "danger -extremely flammable, vapors may cause flash fires".

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

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

All combustible materials were removed on 10/11/13. Special care will be taken to avoid any hazardous/flammable materials being left in the open.

5-10-14 All staff persons will be educated concerning the importance of combustible materials being inaccessible to residents. Documentation shall be kept. JHP 3-27-14

5-10-14 The administrator or designated staff person will check the home daily to ensure combustible materials are inaccessible to residents. JHP 3-27-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Whittle Asst Admin	Date 12/30/13
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Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 9/24/12

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

A fire safety drill was schedule with the New Galilee F.D., they canceled and rescheduled. A drill was conducted Oct. 14, 2013  
Each year the drill will be conducted by our fire department as required.

5-10-14 A system will be developed to ensure the scheduling of the annual fire inspection and fire drill with a fire safety expert is done well in advance to ensure they are completed annually within 365 days. JSP 3-27-14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/20/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whoric*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whoric Asst. Admin*      Date *12/30/13*

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(Initials)

Plan of correction implementation status as of 3-28-14  
(Date)

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 record for the drill conducted on 8/31/13 does not include the exact time (AM /PM) that the drill was conducted.

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

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

Staff conducting fire safety drills were instructed to document date + time at each drill.

5-10-14 the administrator will monitor the fire drill record monthly to ensure an unannounced fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132(c) including the exact time of the fire drill in minutes and seconds. JSP 3-27-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Heather Whorc

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Whorc Asst Admin Date 12/30/13

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Per the home's rules, the home permits smoking on the side porch.

On 10/11/13, a soda can, which was approximately 1/2 full of cigarette butts; was observed on a step of the fire escape outside resident's #1 room.

Four cigarette butts were also observed on the home's rear deck within approximately 5' of the rear door.

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 can was immediately removed. The resident has been instructed to discontinue this habit + to use designated smoking area. Staff are to check for these hazards daily.

5-10-14 All residents and staff will be educated regarding the home's policy and procedures regarding smoking and smoking/fire safety. Documentation will be kept. JJP 3-27-14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Heather Whone Asst Admin Date 12/30/13

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Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, the home's menu was posted only for the periods 9/30 - 10/6/13 and 10/7 - 10/13/13. The home had no menu posted for the period 10/14 - 10/20/13.

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.

Menus will be correctly displayed from now on. Showing the past two weeks as well as the future two weeks.

5-10-14 The administrator will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public and conspicuous place in the home. JHP 3-27-14

5-10-14 The administrator will check weekly to ensure a current menu and the following weeks menu is posted in a public and conspicuous place. JHP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Whorice*

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

Heather Whorice Asst Admin

Date

12/30/13

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

The above plan of correction is approved as of

3-28-14  
(Date)

Plan of correction implementation status as of

3-28-14  
(Date)

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

The above plan of correction was approved by

*JHP*  
(Initials)

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home uses a van for resident transportation. The first aid kit in the van lacked gauze pads.

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 first aid kit was replenished. Staff were instructed to replace items after use.

5-10-14 The administrator will check the contents of all first aid kits, including the van's, 1x per week to ensure all required contents are present. A checklist will be used to document items are present. Any item found missing will be added to the first aid kit immediately. JHP 3-27-14  
Immediately - the first aid kit designated for the home's vehicle to transport residents will remain in the vehicle at all times. JHP 3-27-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012		
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Signature of Legal Entity Representative  
(Required on EVERY Page) Heather Whone

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Heather Whone Asst Admin Date 12/30/13

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

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

On 10/11/13 a bottle of OTC "Healthy Accents" brand nasal spray and a bottle of "Nasonex" nasal spray belonging to resident #3 was unlocked and accessible to residents in resident's #3 shared bedroom.

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.

These items were labeled and locked in the medicine cart. The staff was unaware that the resident's companion had purchased these items. She was informed that any and all "OTC" items are to be given to staff per home guidelines.

5-10-14 All residents, family and friends of residents will be informed that all OTC medications need to be given to staff to ensure they are kept in an area or container that is locked and has the resident's name on them.

5-10-14 A designated staff person will check the home daily to ensure all medications including OTC medications are kept in an area or container that is locked. JHP 3-27-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorric*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whorric Asst Admin*      Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, a bottle of OTC "Healthy Accents" brand nasal spray and a bottle of "Nasonex" nasal spray belonging to resident # 3 was located in the resident's shared bedroom on the bedside table and neither bottle included the resident's name.

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.

Duplicate of page # 28

5-10-14 All residents, family and friends of residents will be informed. that all OTC medications need to be given to staff to ensure they are kept in an area or container that is locked and has the residents' name on them. JHP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Whore*

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

Heather Whore Asst Admin

Date

12/30/13

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The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident # 3 is prescribed zolpidem tartrate 10 mg - take one tablet by mouth at bedtime as needed. On 10/11/13, this medication was unavailable 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.

The medication was discontinued, the pharmacy was notified to update the MARS. on 1-10-14

5-10-14 (the administrator or designated person will complete an initial and monthly audit of the medication cart and prescription orders to ensure only medications that are currently prescribed are listed on the medication administration record (MARs). JHP 3-27-14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Heather Whore Asst Admin* Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14  
(Date)

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

Plan of correction implementation status as of 3-28-14  
(Date)

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy

PCH Name: EVANS 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.

**RECEIVED**

JAN 7 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

The 10/2013 medication administration record for resident # 4, does not include the diagnosis or purpose for the resident's prescribed cymbalta 30 mg.

**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 pharmacy was informed and proper diagnosis was added to MAR sheet. MAR sheets will be reviewed every week for accuracy.

5-10-14 the administrator will review all resident medication administration records monthly for accuracy and completion, including the diagnosis or purpose for each prescribed medication. JSP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Heather Whore*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Heather Whore Asst Admin*

Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14  
(Date)

Plan of correction implementation status as of 3-28-14  
(Date)

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

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

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, at 12:00 PM, resident # 1's ibuprophen 800 mg tab was administered; however, staff did not record the date and time of administration.

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

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

Staff were reminded of the importance of documentation of all medication procedures. Dates + times will be documented each time medication is dispensed.

5-10-14 All staff persons administering medication will be reeducated on administering medication including documentation of medication administration. Documentation will be kept.

5-10-14 The administrator will monitor the medication administration records and the administration of resident medication weekly to ensure all medication administration documentation is complete, current and accurate. JHP 3-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Moore*

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

Heather Moore Asst Admin

Date

12/30/13

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

The above plan of correction is approved as of

3-28-14  
(Date)

Plan of correction implementation status as of

3-28-14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JHP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JHP  
(Initials)

JAN 7 2014

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar posting observed on the home's wall was for the month of 9/2013.

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

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

Activity calendars will be posted for the past, current + future month. Staff are reminded to keep them posted at all times + visible to all residents.

5-10-14 the administrator will check the home weekly to ensure a current activities calendar is posted in a public and conspicuous place which includes program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community. JHP 3-27-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whore Asst Admin* Date *12/30/13*

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

The above plan of correction is approved as of <u>3-28-14</u> (Date)	Plan of correction implementation status as of <u>3-28-14</u> (Date)
The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JHP</i> <input type="checkbox"/> Not Implemented

Violation Report: 41737 - 10/11/2013 - Mandock, Nancy  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident # 4, finalized 7/27/13, does not address the resident's diagnosis of anxiety as indicated on the resident's DME, dated 7/13/13.

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

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

Initial assessment was corrected to reflect diagnosis.  
Precautions will be taken to make sure all paperwork is correct + will be compared to DME.

5-10-14 the administrator will review all current resident assessments for accuracy and completion, including all diagnoses and ensuring the assessment is completed on the current Department approved form. JHP 3-27-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Whorrie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Whorrie Asst Admin*      Date *12/30/13*

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

The above plan of correction is approved as of 3-28-14 (Date)

Plan of correction implementation status as of 3-28-14 (Date)

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

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