



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 18, 2014

Mr. Len Capuzzi, Administrator/VP
East Deer Personal Care Home, Inc.
967 Freeport Road
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home
430780

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on October 21, 2013 and October 25, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock /cv". The signature is written in a cursive style.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/21/13, there was a blue incontinence pad was on resident #10's chair in the dining room.

On 10/21/13, there was a blue incontinence pad was on a chair in the 1st floor sitting 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.

Pads were removed from chairs during inspection. This is not a practice of ours. Staff member did put the blue pads on the chairs that day because resident 10 was having an issue. Resident 10 is no longer a resident here. In the future, no blue pads will be used in dining room or sitting room. Staff is informed.

Administrator will check the home daily to ensure no incontinence pads are covering the furniture in the common and dining room areas. Smp 1/17/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Len Capuzzi</i>	<i>12-26-13</i>

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

The above plan of correction is approved as of 7-17-14
 (Date)

Plan of correction implementation status as of 7-17-14
 (Date)

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

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

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 4/5/13, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.

Home will obtain proof of GED, high school diploma, or nurse registry, prior to start of employment.

Staff person A no longer works for the home. SMP 7/17/14

All direct care staff records were reviewed to ensure all direct care staff meet the qualifications in accordance with regulation 2600.54a.

SMP 7/17/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFFR 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

Staff person A, hired on 4/5/13 did not complete training in any of the topics under 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills.

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 staff hired will have training completed in all topics under 2600.65a before first day of work.

Staff person A no longer work for the home. sm 7/17/14

All staff records have been reviewed to ensure all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a prior to or during the first worked day. sm 7/17/14

By 8/17/14- The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation on or before the first worked day and the documentation of training is kept in the staff persons record. sm 7/17/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/06/2013	
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 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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 (Initials)

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Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: FAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 4/5/13 did not complete training in any of the topics under 2600.65b, to include resident rights and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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 hired will have their training in all topics under 2600.65b completed within 40 scheduled working hours

Staff person A no longer works for the home. smp 4/17/14

All staff records have been reviewed to ensure all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have completed orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the O.A.P.S.A and reporting of reportable incidents and conditions. in accordance with regulation 2600.65b. smp 4/17/14

By 8/17/14 -

The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record. smp 7/17/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/06/2013		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Law Capuzzi* Date *12-26-13*

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 (Initials)

Violation Report: 43078 - 10/21/2013 - Mazza, Larry

PCH Name: FAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 4/5/13, has not completed any of the required trainings under 2600.65d(3) to include safe management techniques, ADL's and IADL's and personal hygiene. Staff person A provided unsupervised ADL's on the following occasions:

- *9/4/13 from 4:00 pm-9:00 pm
- *9/7/13 from 3:30 pm-9:00 pm
- *9/8/13 from 3:30 pm-9:00 pm
- *9/11/13 from 4:00 pm-9:15 pm

Direct care staff person B, hired on 4/30/13, has not completed any of the required trainings under 2600.65d(3) to include safe management techniques, ADL's and IADL's and personal hygiene. Staff person B provided unsupervised ADL's on the following occasions:

- *10/18/13 from 4:00 pm-9:00 pm
- *10/19/13 from 3:30 pm-9:00 pm
- *10/20/13 from 3:30 pm-9:00 pm
- *10/22/13 from 4:00 pm-9:00 pm

Direct care staff person C, hired on 6/26/13, has not completed any of the required trainings under 2600.65d(3) to include: safe management techniques, ADL's and IADL's and personal hygiene. Staff person C provided unsupervised ADL's on the following occasions:

- *10/16/13 from 4:00 pm-9:00 pm
- *10/23/13 from 4:00 pm-9:00 pm

* Please see POC on page 7 of 20 and 9/17/14

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.

All direct care staff hired will complete training for all topics under 2600.65(d) before unsupervised ADL services begin

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

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

Date 12-26-13

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

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

The above plan of correction is approved as of 7-17-14
 (Date)

Plan of correction implementation status as of 7-17-14
 (Date)

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

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

* Staff person A no longer works for the home. *SMP 7/17/14*

Staff person B and C received training on the cited topics on 10/21/13. *SMP 7/17/14*

All direct care staff records were reviewed to ensure all direct care staff providing unsupervised direct care services have completed the required training in accordance with regulation 2600.65 d. *SMP 7/17/14*

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 10/21/13 at 11:42 am, there was a strong odor of urine in the bathroom of bedroom #202. Also, there was dried urine on the floor, spanning approximately 3" from the base of the toilet.

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.

There was no odor of urine nor was there a dried urine spot on the floor. ~~Two~~ Two female residents occupy this room, neither have incontinence problems. Bathrooms are checked daily. All bathrooms are cleaned routinely every other day. If a problem would occur, that bathroom would be cleaned immediately. If an odor of urine or signs of a wet floor, it will be addressed at that time.

1
 10/21/13
 11:42 am
 202

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Len Capozzi*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capozzi* Date *12-26-13*

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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)

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

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

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

On 10/21/13 at 9:32 am, there was an uncovered, approximately 1/2 full trash can in the shared bathroom of bedroom #101.

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.

Lid in bathroom 101 has been replaced at the time of inspection. A "do not remove lid from can" was posted on lid. Staff and residents in room 101 were informed that the lid must stay on can. Bathrooms are monitored daily and staff is to inform office if any lids are removed. They will be placed back on by staff.

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

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

Date *12-26-13*

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 (Date)

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

- Plan of correction implementation status as of 7-17-14
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *SMP*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 10/21/13, the bathroom in bedroom #103 did not have an operable window or ventilation fan.

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.

Screen and handle crank were inserted in bathroom. Staff will monitor daily.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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The above plan of correction is approved as of <u>7-17-14</u> (Date)	Plan of correction implementation status as of <u>7-17-14</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

On 10/21/13, resident #1 who has a mobility need, resided on the 2nd floor of the home. That level of the home does not have a fire safe area specified in writing within the past year by a fire safety expert.

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.

Resident #1 was moved to the first floor on 10/23/13 after informing her and her family that she would be moved to the first floor. Any resident with a mobility need will be placed on the first floor.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capozzi* Date *12-26-13*

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 (Date)

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

Plan of correction implementation status as of 7-17-14
 (Date)

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

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: FAST DFER PERSONAL CARE HOME

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 conducted by a fire safety expert was completed on 6/2/12.

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.

Fire safety inspection and fire drill conducted by a fire safety expert was conducted 10-29-13. All future fire safety inspections and fire drills conducted by a fire safety expert will be completed prior to the annual date.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by *SW*
 (Initials)

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

According staff person D and staff person E interviews, residents of the home do not always evacuate outside to the designated meeting place, the home's parking lot, during monthly fire drills. The home does not have internal fire safe areas, as specified by the fire safety expert.

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 normally do go outside to the designated meeting place except if the weather was extreme during the time of the drill, they would go to the door. Residents will be evacuated out of the building for all future drills.

The administrator will monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to a designated meeting place away from the building during all fire drills. *SM 7/17/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Len Capuzzi

Date *12-26-13*

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Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFER PERSONAL CARE HOME

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 10/21/13 at 11:17 am, numerous insulin syringes were unlocked and accessible in the refrigerator behind the 2nd floor nurse's station.

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.

Insulin syringes on the second floor nurse's station were placed in the lock box. All insulin syringes will be kept in lock box.

Combination lock boxes were purchased and placed in all nurses stations. SMP 7/17/14

A designated staff person qualified to administer medications will check the home at least daily to ensure all medications, OTC medications, CAM and syringes are kept in an area or container that is locked. SMP 7/17/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 10/21/13 at 9:41 am, numerous medications to include the following were unlocked and accessible in the refrigerator behind the 1st floor nurse's station:

- *Novolog Mix-70/30 belonging to resident #2 and #3
- *Lantus-100u/ml belonging to resident #9
- *Bisac-evac-10mg suppositories belonging to residents #2 and #4

On 10/21/13 at 11:17 am, numerous medications to include the following were unlocked and accessible in the refrigerator behind the 2nd floor nurse's station:

- *Lantus-100u/ml belonging to resident #5
- *Cyanocobalamin-1,000mg belonging to resident #6
- *Bisac-evac-10mg suppositories belonging to residents #1 and #7

On 10/25/13 at 9:20 am, numerous medications to include the following were unlocked and accessible in the refrigerator behind the 2nd floor nurse's station:

- *Lantus-100u/ml belonging to resident #5
- *Cyanocobalamin-1,000mg belonging to residents #6 and #8
- *Bisac-evac-10mg suppositories belonging to resident #7

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

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

*New combination lock lock boxes were purchased for the nurse's stations
 Charge staff on all shifts monitor lock boxes to insure that boxes are locked.*

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

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

Date 12-26-13

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

The above plan of correction is approved as of 7-17-14
 (Date)

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

Plan of correction implementation status as of 7-17-14
 (Date)

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

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFER 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

On 10/21/13, the following unlabeled medications were in the refrigerator behind the 1st floor nurse's station:

- *Lidocaine HCL 1%-10mg
- *Depo-medrol-80mg

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 medication was left in the refrigerator behind the first floor nurse's station by the house doctor. Medication was returned to house doctor. Doctor informed that she can not leave her medication in the refrigerator.

A medication audit was conducted to ensure all prescription medications include a pharmacy label. see 4/17/14

A designated staff person qualified to administer medications will conduct a weekly review of all medications to ensure the original container for prescription medications shall include a pharmacy label in accordance with regulation 2600.184a. see 7/17/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Law Caputo* Date *12-26-13*

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

The above plan of correction is approved as of <u>7-17-14</u> (Date)	Plan of correction implementation status as of <u>7-17-14</u> (Date)
The above plan of correction was approved by <u>SWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: FAST DEER 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

Resident #11 is prescribed a sliding scale of Novolog insulin as follows:

- * Novolog-100u/ml
- * 70=0 units
- * 71-79= (-8 from base)
- * 80-99= (-4 from base)
- * 100-150= (no change from base=25 units)
- * 151-200= (+2 from base)
- * 201-250= (+4 from base)
- * 251-300= (+6 from base)
- * 301-400= (+8 from base)
- * >400=call MD

*On 9/8/13 at 11:00 am, resident #11's blood sugar reading was 132. 25 units of insulin should have been administered; however, the September medication administration record (MAR) indicates 0 units administered.

*On 9/8/13 at 4:00 pm, resident #11's blood sugar reading was 75. 17 units of insulin should have been administered; however, the MAR indicates 0 units administered.

*On 9/1/13 at 7:00 am, resident #11's blood sugar reading was 104. 25 units of insulin should have been administered; however, the MAR indicates 0 units administered.

* Please see POC on page 18 of 20. See 11/14

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.

according to the scale. This medication was given as prescribed,

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DFER 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.

The above plan of correction was approved by <u>7-17-14</u> (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Resident #11's physician was contacted and Sliding Scale order was confirmed. *Smp 7/17/14*

Resident #11's MAR was updated. *7/17/14 Smp*

A medication review was conducted to ensure all resident prescription orders are accurate and current. *Smp 7/17/14*

A designated staff person qualified to administer medications will monitor the MAR and the administration of resident medication at least weekly to ensure all medication administration documentation is complete, accurate and current. *Smp 7/17/14*

Violation Report: 43078 - 10/21/2013 - Mazza, Larry

PCH Name: EAST DEER 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

The assessment, dated 3/19/13, for resident #1 indicates the resident is mobile; however, the resident has a diagnosis of dementia and requires numerous verbal cues 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.

Resident's mobility assessment was updated 10/22/13 to include verbal cues by staff to evacuate in an emergency. Residents who have mobility changes in the future will have their RASP updated to reflect the necessary changes.

All resident records were reviewed to ensure all residents have an accurate, current mobility assessment. See 4/17/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Len Caputo* Date *12-26-13*

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The above plan of correction is approved as of <u>7-17-14</u> (Date)	Plan of correction implementation status as of <u>7-17-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 10/21/2013 - Mazza, Larry
 PCH Name: EAST DEFR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The support plan, dated 3/19/13, for resident #1, does not address the services being provided by hospice, including assistance with bathing and dressing. Also, according to the resident's progress notes, the resident pockets food at meal times and needs cueing to chew and swallow food. This is not addressed in the resident's support plan.

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.

Support plan for resident #1 has been updated on 10-22-13 to include services being provided by hospice. Also include the needs of cueing at meal time to chew and swallow food. Changes of resident's needs will be addressed on their RASP's and updated to reflect need.

All resident records were reviewed to ensure all residents support plans for accuracy and completion including services provided by Hospice or other outside agency, ADL assistance and special dietary need. sm
7/17/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Len Capuzzi* Date *12-26-13*

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The above plan of correction is approved as of 7-17-14
 (Date)

Plan of correction implementation status as of 7-17-14
 (Date)

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

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