



JAN 29 2014

Ms. Michelle Grimm, Owner
Horizon Personal Care Home, Inc.
9 South Morgantown Street
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home, Inc.
License #: 413830

Dear Ms. Grimm:

As a result of the Department of Public Welfare's licensing inspection on 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.

Your regular license for the period March 1, 2014 to March 1, 2015 was issued on January 10, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: Michelle Grimm		Region: WEST
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		RECEIVED DEC 16 2013 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		
Certificate(s) of Occupancy C-2 LP 10/10/2000 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/25/2013: Williams, Jason; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 21 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: 8 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 10/25/13, the home's most recent violation report, dated 11/15/12, and a copy of 55 Pa.Code Chapter 2600 regulations were 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.

Administrator will post inspection report when received - Administrator will post a copy of the regulations in dining area. will be completed by 1-1-14.

Immediately: The home's violation report dated 11/15/12 shall be posted in a public and conspicuous place in the home.

1-30-14 The administrator or a designated staff person will inspect the home weekly to ensure the most recent violation report and a copy of 55 Pa. Code Chapter 2600 regulations is posted in a public and conspicuous place in the home.

1-30-14 In the future, the administrator, upon receiving a copy of a violation report in which the plan of correction has been reviewed/approved will make a copy and post it in a public and conspicuous place in the home. JRP 1-10-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) Michelle R. Grimm RN Adm.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle R. Grimm Date 1-1-14

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

The above plan of correction is approved as of 1-10-14 (Date)

Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

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

At 9:50 AM there was a prescription for diabetic shoes and a physician's appointment reminder card for Resident #1, and a prescription for Lantus insulin for Resident #2 posted on the bulletin board on the first floor facing the bottom of the steps.

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 informed to not put prescriptions on bulletin board in dining room - effective 10-26-13. Adm will periodically check weekly to be in compliance.

1-30-14 All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location. JSP 1-10-14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michelle R. Grimm RA		10-26-13

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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 8/29/13, was providing unsupervised ADL services before completing the direct care on-line competency test on 10/23/13.
- Direct care staff person B, hired 6/5/12, was providing unsupervised ADL services before completing the direct care on-line competency test on 9/25/13.

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.

Prior to 1st day of work all new hires will complete competency test. Administrator will provide fasting via computer at Horizon Pch. ^{if the administrator or designated staff person} will review all staff person training records to ensure all staff persons have completed all requirements under 2600.65(d). JHP 1-10-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following substances with a manufacturer's label stating to call poison control or physician if ingested were found unlocked:

-one 1.36 gallon bottle of Pine Sol was sitting in the unlocked laundry room on the first floor.

Residents #3 and #4 have not been assessed safe to use or avoid poisonous substances.

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 Staff will be informed on day of hire, to not leave cleaning products unlocked. - Administrator will check periodically to insure compliance

1-30-14 All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept.

1-30-14 The administrator will monitor the home weekly to ensure all poisonous materials are locked and inaccessible to residents. JGP 1-10-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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Plan of correction implementation status as of 1-10-14 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

DEC 16 2013

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is an unlabeled bar of used soap in the shower of the first floor shared bathroom by the medication closet.

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 and Medication hospice aide made aware of unlabeled bar soap - all residents will have their own personal care supplies in basins under their beds - administrator will ensure compliance

1-30-14 All staff persons will be educated on maintaining sanitary conditions including bars of soap to be kept in a labeled container.

1-30-14 the administrator will monitor the home weekly to ensure sanitary conditions are maintained.
JJP 1-10-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

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 next to the toilet in the first floor laundry room was not covered.

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.

Trash can in laundry room has been removed and a covered one provided- Staff made aware of regulative- adm will provide weekly checks to insure compliance

1-30-14 All staff persons will be educated on keeping trash receptacles covered. Documentation of training will be kept. JSP 1-10-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm RN adm.

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

Michelle R. Grimm RN

Date 10-26-13

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(Date)

Plan of correction implementation status as of 1-10-14
(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: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There is a garbage can on the back porch of the home filled with used adult briefs that is not covered.

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 covered garbage can is now in use on back porch. All shifts made aware to empty garbage can when full. Adm will check upon arrival to the home for compliance-

11-30-14 All staff persons will be educated on keeping trash receptacles covered and the risks of unsanitary living conditions. Documentation of training will be kept. JGP 1-10-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

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

-The electric outlet in the first floor wall facing the stairs does not have an outlet cover plate on it. This poses a shock hazard for residents.

-The bi-fold cupboard door at the end of the second floor hallway does not have a knob attached to it. There is a flat end of a screw extending out where the knob should be. This poses a laceration hazard 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.

Electric cover was applied on 10-25-13 - Door Knob on upstAIRS closet was reappplied - on 10-25-13.

1-30-14 All staff persons 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 shall be kept. JJP 1-10-14

1-30-14 The administrator or designated staff person will check the home weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. JJP 1-10-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Gram* RN adm

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle R. Gram RN Date 10-25-13

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

The above plan of correction is approved as of 1-10-14 (Date)

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

Plan of correction implementation status as of 1-10-14 (Date)

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

DEC 16 2013

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

-The telephones in the first floor dining room and the the second floor kitchen have outside lines but do not have the personal care home complaint hotline number posted on or by them.

-The telephone in bedroom #15 does not have any of the required emergency numbers posted on or by it.

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

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

Complaint number has been posted by telephone in first floor dining room & second floor kitchen area. Bedroom #15 has emergency numbers posted by phone. effective 12-1-13

1-30-14 A designated staff person will check all telephones every 2 weeks to ensure all required telephone numbers are posted on or by each telephone with an outside line. JGP 1-10-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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The above plan of correction is approved as of 1-10-14
(Date)

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

Plan of correction implementation status as of 1-10-14
(Date)

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not contain adhesive tape.

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.

Adhesive tape was put in first aid kit. ¹⁰⁻²⁶⁻¹³ Staff informed # of items are used to replenish them from stock in supply closet - See administrator if items are ~~not~~ not in supply closet - adm will check periodically for compliance -

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm RN adm.

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

Michelle R. Grimm RN

Date *10-26-13*

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The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The bedside light for Resident #3 in room #15 is inoperable.

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.

Bedside lamp that was inoperable in bedroom #15 has been replaced - effective 10-26-13

1-30-14 All staff persons will be educated regarding the importance of bedside lighting for resident safety and the monitoring of bedside lights. Documentation will be kept. JJP

1-30-14 A designated staff person will be instructed to check the home daily to ensure each resident has an operable bedside light and to report or replace missing lights. JJP

1-30-14 The administrator or designated staff person will check the home weekly to ensure each resident has a lamp or source of lighting at bedside which is operable. JJP 1-10-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
 PCH Name: HORIZON PERSONAL CARE HOME INC

DEC 16 2013

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months. WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The last two sleeping hour fire drills were conducted on 9/11/12 and 5/1/13. This exceeds the required 6 month timeframe for sleeping hour 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.

fire drills during sleeping hours will be conducted every 6 months - Administrator will do nighttime drills for compliance - Nighttime fire drill on 5-1-13 was conducted at 10pm - Nighttime fire drill was conducted on 11-30-13 at 10pm - The next nighttime drill will be conducted in April 2014 - Administrator will conduct drill for compliance -

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle R. Grimm RN* Date *10-26-13*

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC.

DEC 16 2013

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home is not using alternate exits for their fire drills. The fire drill log indicates that the front and back doors have been used for every drill conducted for the past 12 months.

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

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

Withdrawn 1-10-14 JRP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Gamm RN adm.

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

Michelle R. Gamm RN

Date

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Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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

-Residents #3 and #5 live on the second floor of the home and have an emergency fire exit in their room. According to resident interviews, they only evacuate to the landing on the fire escape for fire drills.

-Staff and resident interviews indicate that when the weather is cold the residents are only evacuated to the door of the home or on the back porch.

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 residents will be evacuated to a fire safe area you all fire drills - administrator will conduct fire drills to ensure compliance.

1-30-14 All staff persons will be educated on the need for residents to evacuate to a designated meeting place away from the building or within a fire safe area during each fire drill. Documentation shall be kept. H-10-14 JGP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm RNM

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

Michelle R. Grimm RNM

Date 12-8-13

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

The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason

PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

There is an emergency fire exit that is located in bedroom #15 on the second floor of the home. There is no exit sign outside of this bedroom to indicate the direction of travel to this exit. On 10/25/13, the home served 21 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.

exit sign has been placed above bedroom #15 doorway on outside doorway. effective 10-26-13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm RN adm.

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

Michelle R. Grimm RN

Date

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

The above plan of correction is approved as of

JSP
(Date)

Plan of correction implementation status as of

1-10-14
(Date)

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

The above plan of correction was approved by

JSP
(Initials)

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

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

The home has the current week's menu posted but the following week's menu is hidden behind the current week's menu and not in a conspicuous and public place.

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.

Current week's & following week's menu are ~~not~~ now visible and in a public place - staff made aware.

1-30-14 The administrator will check the posted menus 1x per week to ensure menus are posted 1 week in advance in a conspicuous and public place in the home. 1-10-14 JAO

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/15/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimmer, RN adm

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

Michelle R. Grimmer, RN

Date

12-6-13

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

The above plan of correction is approved as of

1-10-14
(Date)

Plan of correction implementation status as of

1-10-14
(Date)

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

The above plan of correction was approved by

JAO
(Initials)

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The medication cart contained an unlabeled bottle of OTC Equate Aspirin 325mg for Resident #4. This is not a medication currently prescribed by the resident's physician and is not being administered by 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.

Resident #4 family brought Aspirin 325mg in for kunitz
table - we were waiting on physicians order for it to be
given - we currently have a order for 325mg to be administered
Staff informed to not put medication in med cart without
a physician order.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael R. Grimm RN adm.

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

Michael R. Grimm RN

Date 12-6-13

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

The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Lorazepam 0.5 mg, one tablet orally three times a day as needed for Anxiety. However, the medication label states that the medication is to be taken three times a day as a routine medication.

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 #3 is prescribed lorazepam 0.5mg three times a day as a routine order - MAR and medication label now indicate this.

1-30-14 During the first week of each month a designated staff person will conduct a review of resident prescriptions, physician orders, medications and the medication administration record to ensure the medication is labeled with the correct dosage & instructions for administration. JAP 1-10-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle R. Grimm RN</i>	Date <i>12-6-13</i>
--	---------------------

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

The above plan of correction is approved as of 1-10-14 (Date)

Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #6 receives Lorazepam 1 mg, one tab by mouth every 4 hours as needed. The medication administration record lists the strength of this medication as 0.5 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.

Resident #6 receives hospice care from Anedisys.

Lorazepam 1mg was in his hospice kit which was never administered.

Medication administration record listed as 0.5mg - hospice pharmacy made aware as well as Anedisys hospice - New MAIS was updated

1-30-14 During the first week of each month, a designated staff person will conduct a review of resident prescriptions, physician orders, medications and the medication administration record (MAR) ensure the correct dosage is listed on the MAR. JRP 1-10-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/15/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *11-1-13*

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

The above plan of correction is approved as of 1-10-14 (Date)

Plan of correction implementation status as of 1-10-14 (Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

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

The following medications were not initialed as administered in the medication administration record (MAR) at the time they were given:

- Mirtazapine 30 mg for Resident #3 at 8:00 PM on 10/14/13 or 10/24/13.
- Simvastatin 20 mg for Resident #4 at 8:00 PM from 10/18/13 through 10/24/13.
- Zafirlukast 20 mg for Resident #4 at 8:00 PM from 10/18/13 through 10/24/13.
- Trazadone 50 mg for Resident #4 at 8:00 PM on 10/24/13.
- Albuterol 0.083% via nebulizer for Resident #4 at 4:00 PM and 8:00 PM on 10/20, 10/21, and 10/24/13.
- Carvedilol 3.125 mg for Resident #6 at 5:00 PM on 10/7 and 10/14/13.
- Namenda 10 mg for Resident #7 at 8:00 PM on 10/14/13.

Resident #4 has the medication Montelukast 10mg, one tablet orally at bedtime, on the current MAR. This medication is not prescribed to the resident, is not present in the home and was never given. However, the home's staff initialed the MAR on 10/3, 10/7, 10/14, and 10/19/13 that it had been given.

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 was transferring the pharmacy to diamond pharmacy. Diamond pharmacy sent down new mars in the middle of the month. Staff put new mars in med book and took old mars (handwritten) for med book - This is how some were not signed off on - Montelukast 10mg was put on the MAR by diamond pharmacy by a mistake - Staff initials was a error. Staff instructed to keep mars in med book until the end of the month to prevent errors.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm RN adm

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

Michelle R. Grimm RN adm.

Date 12-1-13

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

The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

DEC 16 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Novolog insulin per sliding scale before meals and at bedtime as follows:

- 0-149 = 0 units
- 150-200 = 2 units
- 201-250 = 4 units
- 251-300 = 6 units
- 301-350 = 8 units
- 351-400 = 10 units
- > 400 = call MD

- On 10/2/13 at 7:00 AM, the resident's blood glucose reading was 208 which required 4 units. 2 units were administered.
- On 10/5/13 at 8:00 PM, the resident's blood glucose reading was 273 which required 6 units. 4 units were administered.
- On 10/9/13 at 8:00 PM, the resident's blood glucose reading was 151 which required 2 units. No units were administered.
- On 10/20/13 at 8:00 PM, the resident's blood glucose reading was 150 which required 2 units. No units were administered.

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.

Reeducated staff on sliding scale usage. Instructed on proper medication administration. On 10-26-13. Med tech on duty next will do daily checks for compliance. Administrator will do weekly checks on Fridays to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	Michelle R. Gamm RN adm.
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle R. Gamm RN adm.	12-6-13

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

The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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

RECEIVED

DEC 10 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41383 - 10/25/2013 - Williams, Jason
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for Resident #3, admitted 7/14/13, and Resident #4, admitted 9/21/13, do not contain an inventory of the residents' belongings.

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 #3 & Resident #4 inventory of belongings have been completed. administrator will do inventory of belongings on admission.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm* adm

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm* adm Date *10-26-13*

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

The above plan of correction is approved as of 1-10-14
(Date)

Plan of correction implementation status as of 1-10-14
(Date)

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

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