

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIVINITY MANOR LLC _____
LEGAL ENTITY

To operate DIVINITY MANOR _____
NAME OF FACILITY OR AGENCY

Located at 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104 _____
(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 30 _____
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes _____
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 10, 2014 until March 10, 2015 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 138740

Robert E. Robinson
ISSUING OFFICER


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:

MAR 10 2014

Ms. Lea B. Sargent, President/Owner
Divinity Manor, LLC
932-34 North 42nd Street
Philadelphia, Pennsylvania 19104

RE: Divinity Manor
License #: 138740

Dear Ms. Sargent:

As a result of the Department of Public Welfare's licensing inspection on November 1, 2013, November 7, 2013, and January 13, 2014, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Issuance of this regular license satisfies the May 21, 2013 Stipulated Settlement Agreement (Agreement) between Divinity Manor, LLC and the Department of Public Welfare, Bureau of Human Services Licensing. In accordance with Provision #1 of the Agreement, the provisions have been met and are no longer in effect.

Sincerely,

Matthew J. Jones
Acting Director

Enclosures
License
License Inspection Summary
Stipulated Settlement Agreement

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

PCH Name: DIVINITY MANOR		License Number: 13874
Address: 932 34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator:		Region: SOUTHEAST
Legal Entity Name: DIVINITY MANOR LLC		
Legal Entity Address: 932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2013: Adams, Patricia; Kazimer, Lauren 11/07/2013: Adams, Patricia; McHale, Christine		
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: 30	Number of Residents who:	
Number of Residents Served: 23	Receive Supplemental Security Income: 19	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 5	
Area:	Have Mental Illness: 21	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

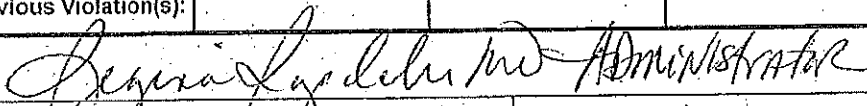
On 11/1/13 the home's current violation report was not posted in a conspicuous and public place in the home.

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

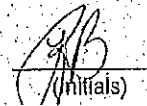
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Current Violation is posted on
 Community BOARD in Dining Area

The Administrator and owner of Divinity Manor
 will be responsible of making sure the
 violation does not occur and review to
 ensure that the violation report is always posted by conducting
 monthly site reviews of the home starting 2/15/14.

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
Regina Lagodnie - Turvec Adm.		1/9/2014

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

The above plan of correction is approved as of	<u>1/13/14</u> (Date)	Plan of correction implementation status as of	<u>1/13/14</u> (Date)
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
 (Initials)			

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 11/1/13, at 10:00 am, an agent of the Department, requested a list of residents with date of admission and list of staff with dates of hire. Staff person A did not provide the requested information until 2:20 pm.

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 will provide information in a timely manner, information will be available upon request. An updated list was created to prevent any further discrepancies. Copies were made, and we will be updated as new residents or staff are admitted or hired.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Kagedore* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Kagedore The Vice Admin* Date *1/9/2014*

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The above plan of correction is approved as of 1/13/14 (Date) Plan of correction implementation status as of 1/13/14 (Date)

The above plan of correction was approved by RB (Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 11/1/13, at 2:50 pm, a copy of resident # 1's prescription was sitting atop the medication cart unlocked 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.

All resident information will be kept confidential, according to HIPAA. As of November 1st, 2013, addition staff has been trained. Medication trainer has come to Divinity Manor to retrain new medication procedure.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leana Lagodale, RLSW Administrator

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

Leana Lagodale-Torres

Date: *1/9/2014*

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The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

The above plan of correction was approved by

RLS
 (Initials)

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 - The home's financial record for resident # 2 does not include deposits from 10/1/13 for \$710.00 or any deposits in November. The resident currently has \$85.00 in cash in the home. The resident's financial record shows a \$0 balance.

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 financial records will be kept in current status. Money forward at Divinity Manor. The Owner Lea Sargent will ensure that all financial documents are in compliance with OPW. The administrator has corrected resident #2's financial records to reflect the correct balance. The administrator will audit all of the resident records to ensure the balance is correctly noted by 2/15/14. SD

Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

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The above plan of correction is approved as of	Date	Plan of correction implementation status as of	Date
	1/13/14		1/13/14
The above plan of correction was approved by	(Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
The telephones for resident use on the 2nd and 3rd floor are located in the hallways. The telephones are not cordless.

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.

Cordless telephones will be provided for residents convenience. ~~Community~~ ^{HAS set} will provide a private area for resident phone use, which a phone booth has been placed on second floor of building for privacy.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Regina Szpadak RN Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Regina Szpadak RN Administrator</i>	Date <i>1/9/2014</i>

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The above plan of correction is approved as of *1/13/14*
(Date)

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

Plan of correction implementation status as of *1/13/14*
(Date)

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
- The home video monitors and records entrances, hallways and the kitchen. On 11/1/13, there were no signs posted indicating that images are being recorded.

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 will be signs posted in all video monitored areas. The violation was corrected at the time of inspection, however the administrator and staff will ensure that the posting remains in the proper areas.

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	

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(Date)

Plan of correction implementation status as of 1/13/14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 On 11/7/13, staff person B and direct care staff person C did not have a criminal history background clearances.

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 person B and Direct Care Staff C, will have criminal history background clearances in Employee files. All staff will have criminal background check prior to staff employment at Divinity Manor. Staff Person (B) is no longer employed at the Home.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Kagswize ED* Date *1/9/2014*

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff person B, hired 7/29/13 and direct care staff person C, hired 7/29/13 do not have criminal history background clearance.

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 persons will have criminal clearances on file per Administrator. All staff will have criminal background check prior to employment at Divinity Manor. Staff person (B) no longer works @ the facility. Staff C's, criminal background was completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Roxsome ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina ADM* Date *1/9/2014*

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The above plan of correction is approved as of 1/13/14 (Date)

Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

- 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
- (1) An orientation program approved and administered by the Department.
 - (2) A 100-hour standardized Department-approved administrator training course.
 - (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person B, who is the home's administrator, did not have documentation of successfully completing the Department-approved and administered orientation program and the Department approved competency-based training test.

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 Candidate will have all PA approved documentation and credentialing for position. The Owner will ensure that Administration will have proper credential prior to working at the Home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Hegira Kaydake ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hegira Kaydake ADM* Date *1/9/2014*

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The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person C and D, whose first day of work was 7/29/13, did not receive orientation in 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 procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguisher.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

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

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

*All staff will comply with 2600.65(a) prior to w first day of employment
 (all direct care, ancillary or volunteer staff)
 The Administrator will be responsible of all staff training at the time of employment.
 STAFF C + D completed the required training 1/9/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Kaszuba ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *REGINA KASZUBA ADM* Date *1/9/2014*

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The above plan of correction is approved as of *1/13/14* (Date)

Plan of correction implementation status as of *1/13/14* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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
 Direct care staff persons C and D did not receive orientation the following:

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

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 new employees will receive orientation in compliance with 55 Pa. Code (B) regulations. The administrator will be responsible to make sure that all staff are properly trained prior to employment. Staff C + D completed the orientation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Regina L. Adams</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Regina Ragsdale ADMM
Date	1/9/2014

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The above plan of correction was approved by	<i>AB</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress	

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 persons C and D, hired on 7/29/13, have not received the following training:

- (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.

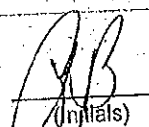
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

1. All staff will be trained in compliance with PCH regulations and standards. (P) All staff ~~was~~ completed their training. STAFF C + D completed the required training 11/9/13 11/2013.

2. All remaining current employees will attend all scheduled updates in 2014.

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
Regina Lagarde ADM		1/9/2014

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

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1/13/14 (Date)	1/13/14 (Date)
The above plan of correction was approved by	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
 (Initials)	

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION
 On 11/1/13, the second floor bathroom on the right side of the building had a pungent smell of urine.

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

① All bathrooms will be checked by staff every 2 hours, to prevent any pooling in the bathroom, by residents.

② Effective immediately,

③ ~~Admin~~ Administration and owner will do a walk-through daily to ensure staff signed and cleared all bathrooms.

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
Regina Ragsdale ADM		1/9/2014

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

The above plan of correction is approved as of	1/13/14 (Date)	Plan of correction implementation status as of	1/13/14 (Date)
The above plan of correction was approved by		<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress	

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 in the kitchen does not have a lid.

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 cans will have lids effective immediately. All receptacles in bathrooms and kitchens will be covered to prevent insects and rodents. As of 11/2013. All trash cans has been replace with new trash can with lids. The owner will ensure that it is maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Koydall ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Koydall ADM* Date: *1/9/2014*

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The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 back exit door, across from the office, does not open completely. The swing of the door is impeded by the floor's irregular surface; causing the door to rub against the floor.

- The ceiling near the door, in room #2, has water damage and appears to be falling apart.

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.

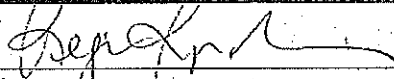
- ① Back door (exit) is in good repair
- ② Ceiling was repaired, water damage repaired (ceiling)
- ③ Maintenance will make sure that all repairs will be maintained at all time

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/17/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Regina Lagrone ADM

Date

1/9/14

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The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

The above plan of correction was approved by



(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 telephone located in the kitchen does not have emergency service numbers posted nearby.

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.

Posting for emergency phone #'s ^{has} been posted near each telephone with an outside line (2600.91)

*Effective immediately
 The done will ensure that post'g of #'s are maintained.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/17/2013		
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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
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>RB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

- 2a. DESCRIPTION OF VIOLATION
- The surface of the grab bar in the 3rd floor bathroom is flaking and rusted; posing a hazard for residents.
 - The toilet in the second floor bathroom is not securely attached to the floor and has shifted; posing a hazard to the residents.
 - The cord for the freezer located in the basement is frayed near the cord's plug and poses a hazard.

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

- ① Grab bar in the 3rd flr Bathroom will be repaired ~~within 30 days~~ immediately.
- ② The toilet will be repaired ~~within 30 days~~ immediately.
- ③ Frayed cord for the freezer will be repaired ~~within 30 days~~ immediately.

to be in compliance with 2600.95
 The Administrator will oversee maintenance repairs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/17/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Regina Pascoe ADM		1/9/2014

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
 The mattresses on the beds in room # 2 were encased in plastic. The home could not provide documentation that the plastic covers were fire retardant.

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.

2600.101(j)(1)

*All mattresses will be flame retardant for residents within 30 days.
 At the time of violation? all plastic has been removed from all mattresses in the home. The Owner will ensure that this violation does not occur.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature] ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM* Date *1/8/2014*

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

The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window blinds on the window in the 2nd floor bathroom have broken slats.

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 window blinds shall be within good repair. ~~(to be repaired)~~

Steps have been taken to repair and clean and provide privacy for entire window.

Maintenance will walk through the home every 30 days to ensure that violation does not occur.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Rajadore* Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Rajadore* Date *1/13/2014*

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

The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The shower mat in the second floor bathroom is torn.

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.

2600.102(d)(2)
 Steps have been taken to replace
 shower mats and to check all
 showers to prevent future occurrences.
 The Home HAS replaced torn mat
 with new ones. The Staff will check
 daily - Bathroom cleaning for proper condition
 for replacement.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* ADIVL

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rebecca Ragsdale ADM* Date: *1/9/2014*

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The above plan of correction is approved as of <i>1/13/14</i> (Date)	Plan of correction implementation status as of <i>1/13/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 11/1/13, there was no toilet paper for the toilet in the 2nd floor 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.

Steps have been taken to ensure that all bathrooms have adequate toilet paper and paper products with bathroom checks implemented immediately. Staff will check twice daily during the bathroom cleaning to ensure that the violation does not occur.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Lopez*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Lopez ADM* Date *1/8/2014*

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

The above plan of correction is approved as of 1/13/14 (Date) Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 There were no paper towels, mechanical air blower hand dryer, or individually labeled cloth towels in the 3rd floor common 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.

*2600.102(k)
 Paper towels & paper products will
 be monitored closely, effective
 immediately.
 The Staff will ensure that the
 violation will not occur. Will check
 during the Bathroom cleaning.*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/17/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Regina X Gallo

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

Regina Louise Adams Date *1/9/2014*

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

The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

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

The above plan of correction was approved by

AB
 (Initials)

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 11/1/13, there were 6 cases of vegetarian beans and 2 cases of spaghetti sauce stored on the floor in the basement.

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.

2600.103 (d)

Food shall be stored off the floor
 effective immediately

Maintenance / cook will ensure that the
 violation does not occur by conducting
 a monthly check of all food items starting 2/1/14.

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

[Handwritten Signature] ADM

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

Regina Passdale ADM Date 1/9/2014

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

The above plan of correction is approved as of 1/13/14
 (Date)

Plan of correction implementation status as of 1/13/14
 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 On 11/1/13, the following food items were unlabeled and without dates in the kitchen freezer:

- A package of frozen chicken filets.
- A bag of frozen potatoes

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.

2600.103(e)
All food shall be labeled and dated with dates as per regulations. Will be effective within 10 days. Stop will be enforced again.
The Administrator and Cook will ensure that after all meal the food are properly labeled and stored.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca Rogers - ADM* Date *1/9/2014*

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The above plan of correction is approved as of 1/13/14 (Date)

Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 11/1/13, there was no thermometer in the medication refrigerator.

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.

*Thermometer placed in medication refrigerator as per 2600.103(f)
 The administrator will ensure that the violation does not occur.
 The cook will also check daily.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regan Pascoe ADM* Date *1/9/2014*

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

The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 11/14/13, there was an accumulation of lint in the lint trap of the Maytag dryer located in the basement.

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.

2600.105(g)(1)
 All lint shall be removed p every
 laundry load. effective immediately
 Maintenance and Administration will make
 sure that the violation does not occur and
 provide proper training to laundry.
 A sign was placed over dryer, to remove
 lint after every dryer use.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Dagsorn ADM*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Dagsorn ADM* Date: *1/9/2014*

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

The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
 The above plan of correction was approved by *RB* (Initials)

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person B, the administrator, does not have the emergency preparedness plan for the local municipality.

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 be given the emergency preparedness plan for the local municipality effective immediately. (posted in common area of the home)
AB

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LeAnn Rogsdorf ADM* Date *1/9/2014*

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

The above plan of correction is approved as of *1/13/14* (Date)

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

Plan-of-correction implementation status as of *1/13/14* (Date)

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 11/1/13, the home had 23 residents. There was no emergency drinking water.

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 emergency drinking supply at least a 3 day supply of non-perishable food & water effects immediately
 The owner will ensure that enough of well always be provide in case of emergency.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* ADM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM* Date *1/9/2014*

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

The above plan of correction is approved as of *1/13/14* (Date)

Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 11/1/13, the floor space in room #6 was covered with stacks of large pictures in frames, stacks of linen and other items which blocked egress from the 3rd floor 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.

2600.121(a)
All hallways, Stairway, doorways, passageways, and egress routes for rooms are unlocked and unobstructed effective immediately - Daily rounding sheets were created to keep track & prevent any further infractions. Extra bins were also purchased for storage of residents belongings.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* ADM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Levin Casdale RWA* Date *1/9/2014*

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

The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

The home's emergency procedures are 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.

Home emergency procedures are posted in a conspicuous and public place in the home. Effectuated immediately. The administrator will ensure that the violation does not occur.

Repeat Violation: No	Date(s) of Previous Violation(s): 06/17/2013
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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>Patricia Adams ADM</i>	<i>1/9/2014</i>

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

The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 11/1/13, there were discarded cardboard boxes, plastic bags and clothing stored in plastic bags stored next to the home's hot water heater.

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.

2600.125(a)

Hot water heater will be free from debris, all cardboard boxes, plastic bags and clothing stored will be disposed of properly effectively immediately. Maintenance will not occur until the violation does not occur.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM* Date *1/9/2014*

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

The above plan of correction is approved as of *1/13/14* (Date)

Plan of correction implementation status as of *1/13/14* (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION

On 11/1/13, a can of charcoal lighter fluid was unlocked and accessible to residents in the backyard, where residents gather and smoke.

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.

Charcoal lighter fluid ^{can} ~~was~~
 and all other flammables will
 be stored properly. Residents
 will be free from harm, effective
 immediately.

Maintenance will make sure that the violation
 does not occur. All Hazardous Charcoal
 a papers locked away.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina KAGSDALE ADM	Date 1/9/2014
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The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher in the front television room has not been inspected by a fire safety expert since 4/2011.

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.

2600.131(f)
Fire extinguishes were inspected by fire safety inspector, date on extinguisher. The fire extinguisher has been removed and replaced with the proper date of inspection. The Owner will make sure the violation does not occur. The extinguisher has been removed. Another has been placed within fire feet of Area questioned.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragone ADM* Date *1/9/2014*

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The above plan of correction is approved as of *1/13/14* (Date) Plan of correction implementation status as of *1/13/14* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 - Resident # 2 was admitted on 9/25/13. A medical evaluation has not been completed for the resident.
 - Resident # 3 was admitted on 9/1/13. A medical evaluation has not been completed for the resident.

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.

2600.141(a)(1)
All residents shall have medical evaluation 60 days prior to admission or within 30 day days of admission effective immediately. (Correction will be within 10 days)
Per Administration the violation will not occur.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Lagodale ADM* Date *1/9/2014*

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The above plan of correction is approved as of 1/13/14 (Date) Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
PCH Name: DIVINITY MANOR

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 11/1/13, the home's menu for 10/28/13 to 11/2/13 was not posted.

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.

2600.162(c)
Menus will be placed in dining area posted as per regulation effective immediately
The owner will make sure that monthly menus are posted and violation will not occur.

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)		ADM	Date 1/9/2014

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Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 11/1/13 at 9:15 am, the medication cart was unlocked and accessible to residents in the small dining 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.

2600.183(b)
 Medication and syringes are stored in locked carts as per regulation. effective immediately The Med Tech will ensure the presence of Med carts and office door stays locked at all times.

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

On 11/1/13, Lantus insulin 100 units and Humalog 100 units prescribed for individual # 5, who is not a current resident of the home, was located in the home's medication refrigerator.

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.

2600.183(d)
 If that have been found, medication shall be removed from the home by disposal or given to resident of patient immediately
 Staff will be trained on the importance of current medications available by 2/15/14. (S)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Regina Duesdale ADM Date 1/9/2014

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION
 - On 11/1/13, resident # 6's Alprazolam .5 mg, PRN was not available for administration.
 - On 11/1/13, resident # 7's Loperamide 2 mg, PRN was not available for 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.

We will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment. Steps will be completed within today. Staff has been retrained by the Medication trainer for proper signing of documentation. Resident # 7's medication was available and Resident # 6 medication has been ordered on 1/13/14 to be delivered on 1/13/14. One administrator will conduct a monthly audit of the MAR's with the medications on site to insure all medications are present and available for administration as needed starting 1/31/14.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature] ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Rogowitz ADM* Date *1/8/2014*

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The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

- On 11/1/13, resident # 1's medication administration record does not include a listing for the administration of Spiriva 18 mcg, Lactulose 10 g, Advair 250, Vita C 500 mg, Doc-o-face 100 mg, Oyster Shell, Daily vite, Ferrous Sulfate 325 mg and Vitamin B-1 100 mg.
- On 11/1/13, resident # 8's medication administration record does not include a listing for Acetaminophen 650 mg and Naproxen 500mg.
- On 11/1/13, resident # 9's medication administration record does not include a listing for the administration of Hydroxyzine Pamoate 100 mg and Doxepin 100 mg.
- On 11/1/13, resident # 10 did not have a medication administration record for 11/2013.

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.

*Medication training extended, medication administration will be completed 2000.187(a) in 10 days by 1/31/14.
 The records #1, #8, #9, + #10 were Medications were added to the MAR, and will be reviewed monthly starting 1/31/14.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/20/2013 5

Signature of Legal Entity Representative (Required on EVERY Page) *Regina Lapsone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Lapsone* Date *1/9/2014*

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The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
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	<input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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 medication administration record for resident # 6 was not initialed, 10/27/13 to 10/31/13, for the 8:00 am dose of Lisinopril 40 mg and Glipizide 5 mg; 8:00 pm dose of Abilify 15 mg, Haloperidol 20 mg and Mirtazapine 15 mg.
- The medication administration record for resident # 10 was initialed for the administration of Haloperidol 5 mg from 10/23/13 to 11/1/13. The medication was unavailable from 10/23/13 thru 11/1/13.

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.

Medication will be printed when given or not given - expected immediately. The Staff has been retrained for proper Medication Administration. The owner will ensure that the Medication Trainers come to the home, to properly train Staff for Med. Carts. 11/10/13. The administrators will review the MAR daily to ensure that the documentation has been completed for all medication administration starting 2/1/14.

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

Regina Ragsdale ADM 1/9/2014

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The above plan of correction is approved as of 1/13/14 (Date)

Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION

- On 11/1/13, resident # 3's Simvastatin 40 mg and Januvia 50 mg was not available for administration.
- On 11/1/13, resident # 8's Omeprazole 40 mg was not available for administration.
- On 11/1/13, resident # 11's Haloperidol 5 mg was not available for administration. The medication has not been available since 10/23/13. The resident's Vitamin D 500 mg was not available for administration.
- On 11/1/13, resident # 12's Tamsulosin 0.4 mg was not available for administration.
- On 11/1/13, at 10:45 am, resident # 13's came in to the dining room and requested their medication. Resident # 13 Depakote, Cogentin and Trilafon are prescribed for administration at 8:00 am daily.

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 medication will be given in a timely manner as prescribed expectant immediately. All medication error will be reported to the Medication Trainer. The Owner will ensure that the Med-Trainer come to the home for proper Medication Training.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Regina BASSDALE ADM</i>	Date <i>1/9/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 10/23/13 thru 11/1/13, an error in resident # 11's medication administration occurred involving the administration of Haloperidol 5 mg at 8:00 am daily. The error was not reported to the prescriber.

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 medication errors shall be reported to the prescriber and administrator effective immediately. Procedures or steps shall be taken to ensure the safety of the resident, proper training will expire. Retraining was done on 11/10/2013.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lej Lyndale ADM*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM* Date *1/9/2014*

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The above plan of correction is approved as of 1/13/14 (Date)

Plan of correction implementation status as of 1/13/14 (Date)

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

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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
 The home does not have a current weekly activity calendar posted in a public and conspicuous 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.

A current and weekly activity calendar shall be posted in a conspicuous place, effective immediately. Staff will ensure that violation does not occur. Will make sure the posting of activity calendar remains posted.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature] ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Ragsdale ADM* Date *1/9/2014*

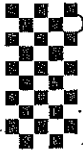
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The above plan of correction is approved as of *1/13/14* (Date)

Plan of correction implementation status as of *1/13/14* (Date)

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

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



Violation Report: 13874 - 11/01/2013 - Adams, Patricia
PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The pre-admission form for resident # 2, admitted 9/25/13, is missing the 1st page.

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.

Pre-Admission form will be done within 30 days as per policy. effective immediately. The Administrator will ensure the violation does not occur.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] ADM

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

Regina Lyzdale ADM Date *1/9/2014*

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The above plan of correction is approved as of

2/3/14
(Date)

Plan of correction implementation status as of

2/3/14
(Date)

The above plan of correction was approved by

[Initials]
(Initials)

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

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

- Resident # 2's financial record for 9/28/13 has white-out in the transaction, amount deposited and amount withdrawn sections of the record.
- The home used pencil to write in diagnosis on the 11/2013 medication administration record of resident # 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 entries in a resident record shall be permanent, legible, dated and signed by staff person the entry. As per policy effective immediately. The administrator will make sure the violation does not occur.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature] ADM

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

Kevin Raesme ADM

Date 1/9/2014

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The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

Violation Report: 13874 - 11/01/2013 - Adams, Patricia
 PCH Name: DIVINITY MANOR

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

2a. DESCRIPTION OF VIOLATION
 The home used a MA 51, in place of the required Documentation of Medical Evaluation (DME) form, for resident # 3.

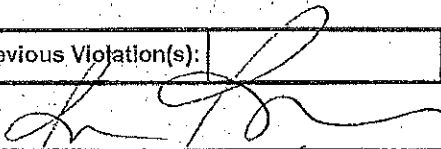
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

We will use standardized forms to record resident information. Correct forms will be used as per policy, effective immediately. The Administrator will make sure violation does not occur. Resident #3 will have a medical evaluation form completed by 2/15/14 on the Department required form.

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)

Regina Rogovane

Date

1/9/2014

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The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

The above plan of correction was approved by

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 (Initials)

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