



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Ms. Janet Virgo, Administrator  
Glen and Janet Virgo  
5032 Walnut Street  
Philadelphia, Pennsylvania 19139

RE: Walnut Manor  
License #: 117190

Ms. Virgo:

As a result of the Department of Public Welfare's licensing inspection on November 12, 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 February 5, 2014 to February 5, 2015 was issued on October 22, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: WALNUT MANOR		License Number: 11719
Address: 5032 WALNUT STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: Janet Virgo		Region: SOUTHEAST
Legal Entity Name: GLEN AND JANET VIRGO		
Legal Entity Address: 5032 WALNUT STREET, PHILADELPHIA, PA 19139		
Certificate(s) of Occupancy R-2 12/08/2008 City of Philadelphia		
Staffing Hours Resident Support:		Total Daily Staff: 24 Waking Staff: 18
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/12/2013: Adams, Patricia		
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: 27 Number of Residents Served: 24 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 4 Have Mental Illness: 24 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

**Violation Report: 11719 - 11/12/2013 - Adams, Patricia**  
**PCH Name: WALNUT 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**  
 The criminal background clearance for direct care staff person was completed on 1/18/11; more than one year prior to the 7/14/13 hire date.

**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.*

When background check was completed staff A was only a volunteer but has since been a regular staff.  
 New background check was requested and will be in file once received.  
 The administrator will insure all background checks are complete before hire. *AB*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo / Administrator*      Date *1/28/14*

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

The above plan of correction is approved as of *1/28/14* (Date)

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

Plan of correction implementation status as of *1/28/14* (Date)

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

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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

Direct Staff A's high school diploma was misplaced and is currently in proper place  
 In order to be in compliance staffs files will be reviewed quarterly to maintain accuracy and complete by the administrator

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vireo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vireo/Administrator*      Date *1/28/14*

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The above plan of correction is approved as of <u>2/3/14</u> (Date)	Plan of correction implementation status as of <u>2/3/14</u> (Date)
The above plan of correction was approved by <u><i>JV</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION

- On 11/10/13, from 7:00 am to 12:00 am, 24 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid and CPR.

- On 11/11/13, from 12:00 am to 9:30 am, 24 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid and CPR.

- On 11/12/13, from 5:30 am to 9:30 am, 24 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid and CPR.

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.

In order to ensure violation is not repeated administrator will review staff files annually and any staff records need renewal will be registered 3 months prior to expiration date.

To maintain compliance a staff person with CPR/First aid will be on schedule at all time.

Administrator will review staff schedule weekly to ensure trained staff with CPR/Firstaid is present on all shift

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

Signature of Legal Entity Representative (Required on EVERY Page) Janet Vargo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Janet Vargo/Administrator      Date 1/28/14

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

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT 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 person A, hired on 7/14/13, has not received training in the following:  
(x) Staff person supervision.  
(xiii) Universal precautions.

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

Direct staff A received training in universal precautions & staff person supervision. Certificate  
Admins will review each staff file to ensure proper training is received prior to hire and will be on an ongoing Basis

Repeat Violation: No      Date(s) of Previous Violation(s): 11/16/2012

Signature of Legal Entity Representative  
(Required on EVERY Page) Janet Vireo

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Janet Vireo/Administrator      Date 1/25/14

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Plan of correction implementation status as of 2/3/14 (Date)  
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Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION  
On 11/12/13, room #7 had a strong and overpowering unpleasant smell of body odor emanating from and throughout the 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.

Home has ongoing iss with resident practicing proper hygiene. Administrator/Direct Staff is working with ICM to encourage resident with hygiene

Assessment record indicate an on going effort to encourage resident.

All necessary steps have been taken to eliminate ~~odor~~ odor from room.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janet Virgo*

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

Janet Virgo / Administrator

Date

1/28/14

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(Date)

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2/3/14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JV*  
(Initials)

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT 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  
 - On 11/12/13, the toilet seat in the 1st floor bathroom, on the 5030 side of the building, had exposed wood and needed replacing.  
 - The caulking was missing around the bathtub, located in the 2nd floor bathroom, on the 5032 side of the building.  
 - The side chair in room G and the wingback chair near the window has exposed cotton stuffing on the chair arms.

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.

Toilet seat was replaced  
 Caulking around bathtub has been fixed  
 Side chairs in room G have been replaced

In order to keep furniture & equipment in good repair housekeeping staff will report to administrator weekly with any repair that needs to be done, to ensure compliance

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Virog*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Virog / Administrator*      Date *1/28/14*

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

Plan of correction implementation status as of *1/28/14* (Date)

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Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION  
 The bathtub/shower in the 3rd floor bathroom does not have a slip-resistant surface.

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.

Bathtub/Shower has mats to avoid slip and fall  
 House keeping staff will inform administrator when any items are needed 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) *Janet V. Rego*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet V. Rego/Administrator* Date *1/28/14*

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 (Date)

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Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on 3/26/13.

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.

Fire drill was done during waking hour in November at 10:20pm  
 Administrator will review drill log quarterly to ensure  
 compliance of every six (6) months is maintained

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Virgo/Administrator*      Date *1/8/14*

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The above plan of correction was approved by	<i>JB</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: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT MANOR

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

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on 10/10/12.

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

Medical evaluation was updated. Administrator will be responsible to have PCP complete updated annual forms for MA-SI.  
 Checklist with residents' anniversary date will be maintained to ensure compliance.  
 Administrator will be responsible for this ongoing basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Janet Virgo*

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

Janet Virgo / Administrator

Date

1/28/14

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*1/28/14*  
 (Date)

Plan of correction implementation status as of

*1/28/14*  
 (Date)

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The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 11/12/13, a five day supply of Novalir 100 mg, Metoprolol Tartrate 50 mg, aspirin 81, Zidovudine 300 mg, Reyataz 300 mg, Levetiracetam 750 and Truvada 200/300 mg administered at 8:00 am for resident #2 were in stored in a daily pill organizer container. The home's administrator reported prepouring the medications for use in case of an emergency or disaster.

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.

No medication is separated for extra days

Administrator will ensure compliance is maintained by separating medication no more than 2 hours prior to administering medication

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janet Vingo*

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

Janet Vingo Administrator

Date

1/28/14

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The above plan of correction is approved as of

*1/28/14*  
(Date)

Plan of correction implementation status as of

*1/28/14*  
(Date)

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The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
On 11/12/13, 4 packages of Band-Aid first aid antibiotic ointment with an expiration date of 3/2009 were stored in the home's first aid kit.

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.

First aid kits have been updated and all expired items removed.

Administrator/ Senior staff will audit First aid kits annually to maintain compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janet Vingo*

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

Janet Vingo / Administrator

Date 1/28/14

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*1/28/14*  
(Date)

Plan of correction implementation status as of

*1/28/14*  
(Date)

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*[Signature]*  
(Initials)

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT 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

- The medication administration record for resident #2 does not include diagnosis for Novair 100 mg, Zidovudine 300 mg, Metoprolol Tartrate 50 mg, Aspirin 81 mg, Reyataz 300 mg, Levetiracetam 750 mg and Truvada 200/300 mg.

- The medication administration record for resident #3 does not include diagnosis for Citalopram Hydrobromide 20 mg, Benzotropine Mesylate 0.5 mg and Divalproex 500 mg.

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

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

The identified MAR has been updated with missing info  
Admin / Senior Direct Staff will review MAR monthly to ensure  
ALL info is recorded.  
Training check off sheet are in each MAR to ensure information  
is recorded. JB

Repeat Violation: No	Date(s) of Previous Violation(s):	11/16/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Janet Vingo</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Janet Vingo / Administrator</i>	<i>1/28/14</i>

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- The above plan of correction was approved by *JB*  
(Initials)
- Fully Implemented
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  - Not Implemented

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT 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.

Calendar posted is ~~monthly~~ quarterly. This was revised showing weekly.

Admin will review weekly to adhere compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janel Vingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janel Vingo/Administrator* Date *1/28/14*

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- Not Implemented

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT 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 screening form for resident # 3, admitted 5/30/13 was incomplete. Section II-J entitled Personal Care and Medical Needs was left blank.

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.

Preadmission Screening was updated to with missing info

All incoming residents' file will be reviewed by a second person to eliminate any oversight. This will be an ongoing process to maintain compliance  
 The administrator will insure this process.

PB

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo/Administrator*      Date *1/28/14*

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Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident # 3, admitted 6/4/13, was completed on 5/30/13.

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.

Resident # 3 was actually admitted on 5/30/13. There was a typo on record. This was since corrected.

Administrator will have a second staff to review information after completion of each admission to ensure errors are caught before filing and to maintain accuracy and be in compliance

Repeat Violation: No      Date(s) of Previous Violation(s): 11/16/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Janet Vargo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janet Vargo Administrator*      Date *1/28/14*

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

The above plan of correction is approved as of *1/28/14* (Date)

Plan of correction implementation status as of *1/28/14* (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: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
The most recent assessment for resident #1 was undated and compliance could not be determined.

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 identified residents record has been updated and is in compliance.

Administrator and Senior Staff will review files annually to ensure all records are in compliance

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Javet Virgo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Javet Virgo/ Administrator*      Date *1/28/14*

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

The above plan of correction is approved as of *1/28/14*  
(Date)

Plan of correction implementation status as of *1/28/14*  
(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: 11719 - 11/12/2013 - Adams, Patricia  
PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted to the home on 6/4/13. The support plan was developed on 5/30/13.

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.

Resident #3 was admitted 5/30/13. Date of 6/4/13 was a typographical error.

Administrator will be responsible to have senior staff to review records to ensure accuracy before filing in order to maintain compliance

Repeat Violation: No      Date(s) of Previous Violation(s): 11/16/2012

Signature of Legal Entity Representative  
(Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Janet Virgo/Administrator*      Date *1/28/14*

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

The above plan of correction is approved as of *1/28/14*  
(Date)

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

Plan of correction implementation status as of *1/28/14*  
(Date)

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

Violation Report: 11719 - 11/12/2013 - Adams, Patricia  
 PCH Name: WALNUT 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  
 White out was used to alter information on the contract of resident #1, dated 11/4/10.

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.

*In correcting any errors white out will no longer be used but cross out with initial*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Janet Vingo / Administrator*      Date *1/28/14*

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

The above plan of correction is approved as of *1/28/14* (Date)      Plan of correction implementation status as of *1/28/14* (Date)

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

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