

MAR 01 2014

Ms. Sharon Ahearn, Owner
44 Broad Street
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home
License #: 243860

Ms. Ahearn:

As a result of the Department of Public Welfare's licensing inspection on December 3, 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 8, 2014 to February 8, 2015 was issued on October 16, 2013. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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 12/3/2013 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.

It is important to have a posted current license and copy of current licensing inspection summary so residents and visitors can easily see that the personal care home is licensed.

The regulation was violated because the current license and copy of current license summary was not posted where it can be easily viewed.

To be compliance with Regulation 2600.3(c), the administrator, Sharon Ahearn, will immediately re-post the current copy of the violation report in a conspicuous place in a public area in the kitchen.

As of 12/8/2013, the above listed documents have been posted. This will meet current regulations and to prevent future violations, any and all license updates will be replaced, by the Administrator, with the most current required documents.

SEE Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date

12-8-13

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

The above plan of correction is approved as of

1/8/14
 (Date)

Plan of correction implementation status as of

1/8/14
 (Date)



Fully Implemented

Photo



Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress



Not implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 24388 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract dated 2/28/13 completed between the facility and Resident #1 is not signed by 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.

Regulation 2600.25(b)- states that all contracts shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees. Adult Personal Care Home records did not show Resident #1's signature on the contract. Understanding that it is important to have all legal documents signed accordingly, as of 12/4/2013 the administrator, Sharon Ahearn, had Resident #1 sign the contract. To prevent future violations, Adult Personal Care Home will use a check off list for all required signatures for all new residents.

See attached New Resident Check List:

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn / Administrator</i>	Date <i>12-8-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/8/14
 (Date)

Plan of correction implementation status as of 1/8/14
 (Date)

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

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home's last quality management review was in 10/2011.

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.

To comply with regulation 2600.26(a), every home shall establish and implement a quality management plan. This regulation is important in order to ensure all necessary paperwork is completed for home licensing as well as safety for the homes residents. This regulation was violated because the quality review documentation was not available for the inspection. The administrator will have a license binder for future inspections that will have the Quality Program and correspondence associated with the program. This has been completed as of 12/8/2013 and will prevent future Quality Management Plan violations associated with 2600.26(b). See Attached pages.

The administrator shall be responsible for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date

12-8-13

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

The above plan of correction is approved as of

01/27/14
 (Date)

Plan of correction implementation status as of

01/27/14
 (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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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
 Staff Person A and Staff Person B, who are volunteers, both began providing unsupervised direct care at the facility in January 2013. The facility failed to complete a Pennsylvania Criminal History Background Check for either person.

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.

*SAP 2-10-14
 D. McFarland*

In accordance with regulation 2600.51, a criminal background check and hiring policy must be in compliance with the OLDER ADULT PROTECTIVE SERVICES ACT. This is important to provide appropriate safety and security for residents even if they are volunteers. Staff A and Staff B, who are volunteers, did not have criminal background checks completed. It will be the administrators responsibility to ensure this is completed on all staff persons providing unsupervised direct care. As of 12/6, the administrator requested criminal background checks for Staff Persons a and B. To prevent future violations, the hiring check list will include the proper requirements for all Staff Persons including volunteers who will be on site unsupervised. See Attached Hiring Check List and Criminal Background Record Check :

• The administrator shall monitor and assure ongoing compliance -

*M
 1/27/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahern

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

Sharon Ahern/Administrator

Date

12-13

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01/27/14
 (Date)

Plan of correction implementation status as of

01/27/14
 (Date)

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M
 (Initials)

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

Violation Report: 24986 - 12/03/2013 - Yellenic, Cindy
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.54(c) - A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter.

2a. DESCRIPTION OF VIOLATION
Staff Persons A, B, & C, who are volunteers, assist residents with activities of daily living. There isn't any specific documentation that the volunteers have received any training necessary to assist the residents with their activities of daily living.

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.

It is important for all staff persons, including volunteers, who perform ADL's shall meet the staff persons qualifications and training requirements. The administrator will add ADL training to the training plans for all Staff Persons who may perform such duties. This has been added to the training documentation checklist as of 12/8/2013.

This will show current compliance as well as future compliance for current and new staff.
See New Hire/Staff Check List and training Documentation for the 2013 staff training documentation.

ADL are also included in the Competency test that volunteers A & B took.
Volunteer C has it on the training Document he signed as shown

The administrator shall monitor and assure ongoing compliance

1/27/14
[Signature]

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sharon Shearn*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon Shearn / Administrator* Date *1-24-14*

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

The above plan of correction is approved as of 1/27/14
(Date)

Plan of correction implementation status as of 1/27/14
(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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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
 From 10/13 to 11/13, residents were present in the home. During this time Staff Persons A, B, & C, who are volunteers, and Staff Person D, who is the administrator, did not have current First Aid/ CPR certifications.

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

According to regulation 2600.63(a), at least one staff person for every 50 residents shall be present in the home and shall be trained in first aid, certified in O.A. techniques and CPR. This is important in order to provide documentation and proper care and safety for residents. There was a one month lapse in First Aid/ CPR certification renewal (10/13 to 11/13), all certification will be reviewed by the administrator/designee during the quarterly Quality Review in order to stay in compliance currently and ongoing.

The administrator shall monitor and assure ongoing compliance.

1/27/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn / Administrator* Date *12-8-13*

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

The above plan of correction is approved as of *01/27/14*
 (Date)

Plan of correction implementation status as of *01/27/14*
 (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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff Person D, the home's administrator, completed only 20 of the required 24 hours of annual training in training year 2012.

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

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

It is necessary for the Administrator to show proof of at least 24 hours of approved annual training related to the job duties. The administrator, Sharon Ahearn, only completed 20 of the 24 hours of annual training in 2012. Training documentation for 2013 will show that all training has been completed and this will be reviewed and documented in the new Quality Program in order to stay in compliance for future reviews.

*- 30 hours completed 2013 -
 m
 1/27/14*

The administrator shall monitor and assure ongoing compliance.

*m
 1/27/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date

12-8-13

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01/27/14
 (Date)

Plan of correction implementation status as of

01/27/14
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Persons A and B, who are volunteers, whose first day of work was sometime in January of 2013, did not complete the 1st day orientation documentation with the date, to insure the mandatory training was completed on the first day of work.

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.

Regulation 2600.65(a) requires the home to show documentation of orientation for all staff persons on their first day working at the home. This is important to provide proper safety and security for the home and residents. The administrator has added this documentation to the Staff Hiring Check List for Day One Orientation in order to be in compliance currently and for future compliance.
 See Attached Document

The administrator shall monitor and assure ongoing compliance.

SH
 1/27/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn* Date *12-8-13*

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

The above plan of correction is approved as of 1/27/14
 (Date)

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

Plan of correction implementation status as of 1/27/14
 (Date)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

There is no documentation stating when Staff Persons A and B, who are volunteers, completed their 40th scheduled work hour. There is no documentation stating Staff Persons A and B, who are volunteers, received training on Resident Rights, the Emergency Medical Plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and 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.

Regulation 2600.65(b) requires the home to show documentation of orientation for all staff persons within the first 40 hrs of working at the home. The Home did not show documentation of volunteer Staff A and B completing all required training in 2600.65(b) by the 40th working hour. This is important to provide proper safety and security for the home and residents. The administrator has added this documentation to the Staff Hiring Check List for Day 1 Orientation in order to be in compliance currently and for future compliance. The current staff record has been updated as of 12/8/2013 to show training completion for 2013 was done within the staff's first 40 days of work.

See Attached Document of Staff Hiring Check List and Current Training Documentation.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 1/27/14

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)

Sharon Ahearn / Administrator

Date

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

The above plan of correction is approved as of

1/27/14
 (Date)

Plan of correction implementation status as of

1/27/14
 (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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Persons A, B, and C, who are volunteers, with unknown hire dates and unknown dates of providing unsupervised ADL services, have not successfully completed and passed the Department-approved direct care training course and passing of the competency 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.

Regulation 2600.65(d) requires the home to show documentation of annual training for all staff persons working at the home. The Home did not show documentation of volunteer Staff A and B completing all required training and competency tests in 2600.65(b). This is important to provide proper safety and security for the home and residents and show ongoing developmental training and best practices in care. The administrator has added this documentation to the Staff Hiring Check List for Day One Orientation in order to be in compliance currently and for future compliance. This is important to show direct staff are properly trained in assisting with ADLs. The current staff record has been updated as of 12/8/2013 to show training completion for 2013 was done within the staff's first 40 days of work.

See Attached Document of Staff Hiring Check List and Current Training Documentation

The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahern* 1/27/14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Ahern Administrator* Date

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

The above plan of correction is approved as of 1/27/14 (Date)

Plan of correction implementation status as of 1/27/14 (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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

There is no documentation stating Staff Person C, who is a volunteer, has received any of the required 12 hours of annual training in 2012.

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

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

Regulation 2600.65(e) requires the home to show documentation of annual training for all staff persons working at the home. The Home did not show documentation of volunteer Staff A and B completing all required training and competency tests in 2600.65(e). This is important to provide proper safety and security for the home and residents and show ongoing developmental training and best practices in care. The administrator has added this documentation to the Staff Hiring Check List in order to be in compliance currently and for future compliance. The current staff record has been updated as of 12/8/2013 to show training completion for 2013 was done within the staff's first 40 days of work.

See Attached Document of Staff Hiring Check List and Current Training Documentation

See Attached Documents for Staff Person C in 2012.

The administrator shall be responsible for monitoring and ongoing compliance.

m
 1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn / Administrator* Date *12-8-13*

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

The above plan of correction is approved as of 1/8/14
 (Date)

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

Plan of correction implementation status as of 1/8/14
 (Date)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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 inside of Resident #1's bedroom has an outside line. The emergency phone numbers are not posted on or near the phone as required.

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

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

According to regulation 2600.91, emergency phone numbers must be posted on or by each telephone with an outside line in order to have support assistance in emergent situations. It is understood that the emergency numbers were not posted in Residents #1's bedroom near the outside lines. In order to be in compliance with this regulation and offer the emergency support to the home residents, the administrator will post the emergency phone numbers near this and all outside phone lines. This will comply with the current regulations and for future inspections.

The administrator shall monitor monthly and assure ongoing compliance.

*M
1/27/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date *12-8-13*

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

The above plan of correction is approved as of

1/27/14
 (Date)

Plan of correction implementation status as of

1/27/14
 (Date)

The above plan of correction was approved by

M
 (Initials)

- Fully Implemented *On-Site cy 1-16-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME


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

2a. DESCRIPTION OF VIOLATION
 On 12/3/13, the last fire safety inspection observed by a fire safety expert was conducted on 11/12/12.

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.
 It is important for the safety of the home and its residents to have an annual fire safety inspection and drill annually. This keeps the home in compliance with regulation 2600.132(b). The administrator will schedule an annual inspection and drill, conducted by a fire safety expert, some time in quarter three of the calendar year. An inspection and drill is scheduled for Dec 9 2013 to be in compliance for the 2013 year and the quarter three annual schedule will offer annual compliance going forward.

* letter 12/9/13

The administrator shall monitor and assure ongoing compliance -

1/27/14


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn Administrator* Date *12-9-13*

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

The above plan of correction is approved as of 1/27/14
 (Date)

Plan of correction implementation status as of 1/27/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Staff Person D, who is the Administrator, is the person who pulls the fire alarm and times each of the fire drills. Staff Person D, was counted, on the fire drill record, as a staff person participating in all the fire drills conducted in 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.

Regulation 2600.132(c) was violated because the administrator was documented as one of the staff members participating in the fire drill conducted in 2013. It is understood that the person completing the fire drill record will be someone other than a staff person participating in the drill. To prevent this violation in the future, the administrator, will conduct the written drill documentation while other staff members are the ones documented as participating in the actual drill. This is noted to be important so focus can be done for the drill criteria needed for documentation.

The administrator shall monitor Monthly and assure ongoing compliance.

11/27/14

[Signature]

Withdrawn 2/12/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date

12-9-13

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

The above plan of correction is approved as of

11/27/14
 (Date)

Plan of correction implementation status as of

1/27/14
 (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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 11/21/13 at 12:15am the facility held a fire drill. During the drill only 2 of the 7 residents present evacuated to the designated meeting place outside of the facility. The other residents stopped at the doorway and remained within the facility. All residents are required to evacuate to the designated meeting place during all fire drill evacuations.

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.

Regulation 2600.132(h) states that all residents must evacuate to the designated meeting place away from the building or within the fire safe area during each fire drill. This is important so all are aware and comfortable knowing what is expected incase of an actual fire emergency. The administrator will be conducting the written documentation going forward without participating in the drill and will ensure that all residents find their way to the designated area as indicated by the home. This will support ongoing regulation compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date *12-9-13*

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

The above plan of correction is approved as of

1/27/14
 (Date)

Plan of correction implementation status as of

1/27/14
 (Date)

The above plan of correction was approved by

MA
 (Initials)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

On 12/3/13 at 9:30am Department Representatives observed a stack of newspapers piled on top of collapsed cardboard boxes. These combustible materials were located within the facility's designated smoking area.

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

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

The home was not in compliance with Regulation 144(c)(2) because there were newspapers on top of cardboard boxes near the smoking area. This was fixed immediately by removing the papers and boxes on 12/3/2013. The administrator/designee will do a daily check for combustible or flammable material in the designated smoking area. This will offer current compliance, future compliance and ongoing safety for all residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn/Administrator

Date
12-9-13

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

The above plan of correction is approved as of

1/27/14
 (Date)

Plan of correction implementation status as of

1/27/14
 (Date)

The above plan of correction was approved by

m
 (Initials)

- Fully Implemented *on-site CY 1-16-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #2 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.

Regulation 2600.181(c) indicates that all residents who desire to self-administer medications shall be assessed by a specific licensed professional to assess the ability to do self administration and reminders. According to the home records it was not noted that resident #2 was assessed for self administrating and reminders. As of 12-13-13 assessment will be completed. For ongoing compliance on current and new residents, this will be assessed by the administrator during the quarterly review. *The Pharmacy will print on the medical records "Self" where it is required for future compliance.*

The administrator shall monitor Monthly and assure ongoing compliance.

m
1/27/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearne*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearne Administrator* Date *12-13-13*

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

The above plan of correction is approved as of <u>1/27/14</u> (Date)	Plan of correction implementation status as of <u>1/27/14</u> (Date)
The above plan of correction was approved by <u><i>m</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: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 12/1/13 - 12/3/12, Staff Person D, who is the administrator, administered medications to residents. Staff person D is not a medical professional and has not completed an annual Department's medication administration training and observation.

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.

Regulation 2600.182 (b) was not in compliance because staff member D did not complete the annual department's medication administering training and observation. This regulation is important so the staff member administering medication is fully aware and updated with all requirements in medication administration. The administrator will be responsible for making sure all staff members are in compliance with the annual training and will review the regulating during quarterly review. Staff member D will complete the annual training as of 12-3-13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn / Administrator

Date 12-13-13

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

The above plan of correction is approved as of

1/8/14
 (Date)

Plan of correction implementation status as of

1/8/14
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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 12/3/13, a bottle of Reguloid Laxative powder was in the bottom fo the medication cart. The medication belongs to Resident #3. The medication had been discontinued by the physician but was not removed from the medicine cart.

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

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

The home was not in compliance with regulation 2600.183(f) because there was a bottle of reguloid powder in the bottom of the medication cart belonging to resident #3. The medication was discontinued by the physician but was not removed from the cart and destroyed and this can cause a medication error if dosed when it has been changed or discontinued .

- This discontinued medication was removed on 12/3/2013 immediately after the inspection.
- The administrator/designee will be responsible for ongoing compliance and will make sure all discontinued medication is removed the same day it is discontinued.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Shearn - Administrator</i>	Date <i>12-13-13</i>
--	----------------------

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

The above plan of correction is approved as of 01/27/14
 (Date)

Plan of correction implementation status as of 01/27/14
 (Date)

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

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

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 Staff Person D, who is the administrator, was unaware the activities for the residents needed to include social, physical, intellectual and recreational activities. The home does not provide any organized activity program for the residents. Activity materials are provided for residents to work on independently.

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.
 As described in the violation, the administrator was unaware that activity materials needed to be structured rather than independent activities. The administrator fully understands regulation 2600.221(b) and started developing organized scheduled activities on 12/4/2013 for the residents to include things like cards, bingo, puzzles, exercise etc. This is important to the residents for planning participation as well as a way to improve overall health and improve the quality of life.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn - Administrator* Date *12-13-13*

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

The above plan of correction is approved as of <u>1-16-14</u> (Date)	Plan of correction implementation status as of <u>1-16-14</u> (Date)
The above plan of correction was approved by <u><i>CSJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>on-site cy 1-16-14</i>

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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.

As described in the violation 2600.221(c), the administrator was unaware that activity materials needed to be structured rather than independent activities. The administrator fully understands regulation 2600.221(b) and started developing organized scheduled activities on 12/4/2013 for the residents to include things like cards, bingo, puzzles, exercise etc. This is important to the residents for planning participation as well as a way to improve overall health and improve the quality of life. So in order to have the structured activities, the administrator has added an activity calendar as of 12/4/2013, which is posted near the dining menu for the residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn - Administrator</i>	Date <i>12-13-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-16-14
 (Date)

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

Plan of correction implementation status as of 1-16-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *on-site cy 1-16-14*

Violation Report: 24386 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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

The facility utilized correction fluid on the medical evaluation dated 12/10/12, completed for Resident #3. Correction fluid was observed in the Medical Diagnosis, Physical/Mental and Medical Information and Treatment Section.

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.

Regulation 2600.251(b) was violated because correction fluid was used on resident #3's record. It is understood that using correction fluid can be viewed as altering records and that is the reason a line through errors must be used. The administrator and/or designee will only use a line through errors so the current and future records will be in compliance to show accurate detailed and unaltered.

The administrators shall monitor and assure ongoing compliance -

M
 1/27/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn, Administrator* Date *12-13-13*

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

The above plan of correction is approved as of 1/27/14
 (Date)

Plan of correction implementation status as of 1/27/14
 (Date)

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

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

Violation Report: 24388 - 12/03/2013 - Yellenic, Cindy
 PCH Name: ADULT PERSONAL CARE HOME

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 medical evaluation completed on 3/1/13 for Resident #1 was not documented on the Department required Documentation of Medical Evaluation (DME) as required.

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.

To be in accordance with regulation 2600.251(c), the home shall use standardized forms in order to show accurate medical care information is organized and captured. The administrator/designee will provide standardized forms for all resident records. Blank forms have been copied and readily available for all records in the home. Having copies of the forms and doing the quarterly quality checks will ensure ongoing compliance.

The administrator shall monitor monthly and assure ongoing compliance -

*(Signature)
 1/27/14*

The DME for Resident #1 was located in her Records

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn, Administrator* Date *12-13-13*

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

The above plan of correction is approved as of 1/27/14
 (Date)

Plan of correction implementation status as of 1/27/14
 (Date)

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

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