



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Ms. Sadie Williams, NHA
Trinity Living center, LP
400 Hillcrest Avenue
Grove City, Pennsylvania 16127

RE: Trinity Living Center Pavilion Suites
License #: 416680

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on December 12, 2013, December 20, 2013, December 23, 2013 and March 24, 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.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on April 16, 2014. 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
Director

Enclosure
License Inspection Summary

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

PCH Name: TRINITY LIVING CENTER PAVILION SUITES		License Number: 41668
Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		County: Mercer
Administrator: Mary Alessio		Region: WEST
Legal Entity Name: TRINITY LIVING CENTER LP		
Legal Entity Address: 400 HILLCREST AVENUE, GROVE CITY, PA 16127		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/04/2002 PA Dept L & I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
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 12/12/2013: Georgoulis, Karen; Phillips, Joseph 12/20/2013: Georgoulis, Karen; Phillips, Joseph 12/23/2013: Georgoulis, Karen; Phillips, Joseph		
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: 20	Number of Residents who:	
Number of Residents Served: 15	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 15	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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: 1	
Number of Hospice Residents In past year: 1		

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #3's contract, dated 7/11/13, was not signed by the resident.

Resident #1's initial contract, dated 5/25/12, and contract addendum, dated 1/31/13, were 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.

Resident #1 and #3 contract was signed by resident on 12/13/2013. All resident contracts will be reviewed by Personal Care Administrator or Designee. Any contract found without signature will be signed by resident by 2/7/2014. Personal Care Administrator or Designee will monitor all new admissions to ensure contracts are signed for the next three months and submit results quarterly to Quality Assurance Meeting for review and recommendations.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Alessio, BSc PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Alessio, BSc PCHA* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
(Date)

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

Plan of correction implementation status as of 4-1-14
(Date)

- Fully Implemented *4-1-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

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
On 12/12/13 there was no lock or latch to provide privacy on the door to the common bathroom by bedroom L.

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.

On 12/13/2013 Personal Care Administrator reviewed regulation 2600.42 (s) with Maintenance Supervisor. Privacy lock was installed to the common bathroom by bedroom L. All bathroom doors were checked by Personal Care Administrator and Maintenance Supervisor to ensure there are privacy locks installed and properly working on all bathrooms as appropriate for privacy by 2/14/2014. Personal Care Administrator and Maintenance Supervisor will monitor privacy locks weekly for 6 months then randomly throughout the year. Results will be submitted quarterly to Quality Assurance Meeting for review and recommendation.

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) *Mary Alessio, PCH* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
(Date)

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

Plan of correction implementation status as of 4-1-14
(Date)

- Fully Implemented *4-1-14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500
2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION
The home's administrator, staff person C, only preforms an average of 16 hours per week (per month) completing administrator duties.

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.

On 12/13/2013 Personal Care schedule was revised to meet regulation 2500.56. The Personal Care Administrator will be present in the home an average of 20 hours or more per week in each calendar month.

3-27-14 - The Administrator is now scheduled 24 hours a week completing Administrator duties. 4-1-14

4-30-14 - The Administrator will record the hours the Administrator works completing Administrator duties. This documentation will be available to the Department upon request. 4-1-14

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) *Mary Massi, PCN* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
(Date)

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

Plan of correction implementation status as of 4-1-14
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *4-1-14*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

2a. DESCRIPTION OF VIOLATION

On 12/12/13, the common bathroom by bedroom L did not have any means for hand drying.
 On 12/12/13, the common bathroom by bedroom E did not have any means for hand drying.

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

*Withdrawn
 g*

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

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards. WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 On 12/20/13, the lamp shade for the bedside lamp in resident bedroom J was cracked and missing pieces.
 On 12/20/13, the towel rack in the bathroom of resident room F was loose and pulled away from the wall on the left side.

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.
 On 12/21/2013 Maintenance was notified of room F's loose and pulled away from the wall towel rack. On this day Maintenance repaired the towel rack securing it to the wall. Personal Care Administrator checked residents rooms on 12/21/2013 for any damaged lamps/shades. Room J's damaged lamp shade was replaced at that time. All lamps in residents bedrooms will be checked during weekly rounds. Repairs and or replacements will be done as seen necessary. Results will be submitted quarterly at Quality Assurance Meeting for review and recommendations.

4-30-14 - All staff persons will be educated on reporting and or correcting furniture and equipment that is not in good repair, not clean or is hazardous. Documentation of education will be kept. 4-1-14
 4-30-14 - The Administrator will check the home at least bi weekly to ensure furniture and equipment is in good repair and free of hazards. 4-1-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Alessopas PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Alessopas PCHA* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 4-1-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-1-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 12/12/13, there were common towels and common hand towels in the common bathroom by bedroom L.
On 12/12/13, there were common towels and common hand towels in the common bathroom by bedroom E.
On 12/20/13, there were common towels and common hand towels in the common bathroom at the end of the hall to the left and right of the main entrance.
On 12/20/13, there were common towels and common hand towels in the common bathroom at the end of the hall to the left and left of the main entrance.

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.
Common towels removed from common bathrooms by bedroom L, E, end of hall to left and right of main entrance.
Towels will be monitored daily and removed as appropriate.
Residents designated towel racks were installed on 12/21/2013 in their bedroom closet area.
On 12/23/2013 Personal Care Administrator posted a memo to all direct care staff asking that they do not place any residents linens in bathrooms L & E. To remove the linens an keep them on the residents designated towel rack, and to check for any linens in bathrooms L & E on a daily basis.
4-30-14 - A designated STAFF person will check the home weekly to ensure common towels are not present in common bathrooms. 4-1-14
4-30-14 - The Administrator will check the home at least monthly to ensure common towels are not present in common bathrooms. 4-1-14

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) *May Alessio, PEHA* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
(Date)

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

Plan of correction implementation status as of 4-1-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-1-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 12/12/13, there were two stacked cases of semi-crushed pineapple sitting on the floor in the main kitchen food storage 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.

Personal Care Administrator met with Dietary Manager on 12/13/2013 in reference to regulation 2600.103 (d) Food shall be stored off the floor. Dietary Manager and her Dietary Assistant will put all foods upon delivery in its appropriate storage area off the floor. Dietary Manager will post in storage areas a reminder to all Dietary Personnel to keep all foods off the floor. Personal Care Administrator and Dietary Manager will monitor for storage on a weekly basis. Results will be submitted quarterly at Quality Assurance Meeting for review and recommendations.

4-30-14 - A designated STATE person will check all food storage areas daily to ensure food is stored off of the floor. 4-1-14g

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) *Mary Alessandras PCH* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
 (Date)

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

Plan of correction implementation status as of 4-1-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-1-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 On 12/12/13, there were two 50oz cans of cream of celery soup in the main kitchen food storage 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.

Personal Care Administrator met with Dietary Manager on 12/13/2013 in reference to regulation 2600.103 (i). Having spoiled or dented can goods. Personal Care Administrator asked that she dispose of any damaged/spoiled foods as seen - immediately, and to inform her Dietary Department to look for dents and spoiled foods on a daily basis as they prepare foods.
 Personal Care Administrator and Dietary Manager will monitor all can goods for damage and all foods for spoilage upon delivery to the home. All noticeable spoilage or dents will be discarded at that time.
 Results will be submitted quarterly to Quality Assurance Meeting for review and recommendations.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>May Alessio, RCHA</i>	1-31-14

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</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 <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

RECEIVED

2a. DESCRIPTION OF VIOLATION

The home has not conducted a sleeping hour fire drill since 9/28/12.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

Personal Care Administrator inserviced Maintenance Director on regulation 2600.132 (e) that fire drill shall be held during sleeping hours once every six months. Personal Care Administrator stressed the importance of fire drills during these times. A fire drill during sleeping hours was conducted by Maintenance on 12/13/2013. Fire drills during sleeping hours are scheduled for the year 2014 six months apart. Notification is written on fire drill forms. Personal Care Administrator will also remind Maintenance verbally. Personal Care Administrator and designee will monitor this process once every six months to ensure compliance.

3-26-14 - The home conducted a sleeping hour fire drill. 4-1-14

Immediately - Fire drills will be unannounced to staff and residents. Only individuals conducting the fire drill and not participating in the evacuation process will be made aware of the date and time of a fire drill. 4-1-14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Alessio, PCHA* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</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 <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The home used the same three exit routes for the five consecutive fire drills conducted from 1/31/13 through 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.

Personal Care Administrator met with Maintenance on 12/13/2013 informing them of regulation 2600.132 (f). Maintenance department will conduct fire drills at alternating exits each month.
 Personal Care Administrator will review fire drill exit procedures with direct care staff informing them of different exit routes to be used. This will be done at the staff meeting on 2/4/2014.
 Personal Care Home Administrator or Designee will review monthly fire drill forms to insure alternating exit routes are being used monthly.
 Results will be submitted to Quality Assurance Meeting for review and recommendations.

3-26-14 - The home has completed monthly fire drills since January 2014 using alternate exits. 4-1-14 g

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Alessio PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Alessio PCHA* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</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 <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 12/12/13, there were cushions on a metal bench in the homes designated smoking area by main entrance that have tags which indicate the cushions do not meet California Bureau of Home furnishing fire flammability requirements.

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.

On 12/12/2013 upon notification of regulation 2600.144 (c) (1) that the cushion on the metal bench did not meet California Bureau of Home Furnishing Fire Flamability Requirements. Personal Care Home Administrator immediately removed and disposed of the cushions. Personal Care Administrator notified Maintenance and all direct care staff so that no other cushions not meeting regulations would be placed on any outdoor furniture. Personal Care Administrator and Designee will check any and all cushion replacement to insure they meet the California Bureau of Home Furnishings for Flammability requirements. Direct care staff will conduct daily checks during seasonal weather to insure no other cushions or flammable materials are in areas where smoking is permitted.

4-30-14 - The Adminisrator will check the home at least monthly to ensure the home's smoking policy and procedures are followed. 4-1-14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *May Alessio PCHA* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</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 <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
The December medication administration records did not indicate the prescribed medications were administered as follows:

- Resident #6's Klonopin Tablet 0.5mg tablet on 12/6/13 and 12/7/13 at 2:00 p.m.
- Resident #7's Remeron 15mg tablet on 12/20/13 at 8:00 p.m.
- Resident #8's Clamoseptine Ointment 0.44-20.625% cream on 12/11/13 at 7:00 a.m.; 12/12/13 and 12/19/13 at 7:00 a.m.; 12/20/13 at 3:00 pm and 8:00 p.m. and 12/16/13 at 8:00 p.m.
- Resident #9's LORazepam Tablet 0.5mg tablet on 12/20/13 at 8:00 p.m.
- Resident #11's LORazepam Tablet 2mg tablet on 12/16/13 at 8:00 p.m.

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 a staff inservice 2/4/2014 addressing regulation 2600.187 (b). Direct care staff will be inserviced on the importance of documenting medication times at the time the medication is administered. Personal Care Administrator or Designee will audit resident #6, 7, 8, 9 & 11's MARS daily for two weeks. Results will be submitted quarterly to Quality Assurance Meeting for review and recommendations.

4-30-14 - A designated staff person qualified to administer medications will check all resident MARS daily to ensure the proper documentation of medication administration. 4-1-14

4-30-14 - The Administrator will monitor all resident MARS at least monthly to ensure the proper documentation of medication administration. 4-1-14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *May Alessio, RHA* Date *1-31-14*

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

The above plan of correction is approved as of 4-1-14
(Date)

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

Plan of correction implementation status as of 4-1-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *4-1-14*

Partially Implemented - Inadequate Progress

Not Implemented

JAN 20 2014

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Potassium Chloride Tablet Extended Release 10meq at 8:00 a.m. On 11/2/13 the medication was not administered until 9:33 a.m.

Resident #1 is prescribed Donepezil HCl Tablet 5mg at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:
On 11/2/13, at 9:33 a.m.
On 11/19/13, at 10:12 a.m.
On 12/17/13, at 9:17 a.m.

Resident #2 is prescribed Plavix Tablet 75mg, Finasteride Tablet 5mg, Namenda (Memantine HCl) Tablet 10mg, Donepezil HCl Tablet 10mg, Amlodipine Besylate Tablet 10mg, CeleXA Tablet 10mg and Lisinopril Tablet 20mg at 8:00 a.m. These medications were not administered at 8:00 a.m. as follows:
On 11/2/13, at 9:31 a.m.
On 11/19/13, at 10:10 a.m.
On 12/10/13, at 10:32 a.m.
On 12/11/13, at 10:13 a.m.
On 12/12/13, at 9:23 a.m.
On 12/17/13, at 9:15 a.m.

Resident #3 is prescribed Potassium Tablet 10meq, Metoprolol Tartrate Tablet 12.5mg, Plavix Tablet 75mg and Furosemide Tablet 40mg at 8:00 a.m. These medications were not administered at 8:00 a.m. as follows:
On 11/2/13, at 9:32 a.m.
On 11/19/13, at 10:12 a.m.
On 12/12/13, at 9:54 a.m.
On 12/17/13, at 9:16 a.m.

Resident #3 is prescribed Citalopram Hydrobromide Tablet 20 mg at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:
On 11/19/13, at 10:12 a.m.
On 12/17/13, at 9:16 a.m.

Resident #3 is prescribed Keflex Capsule 500mg at 8:00 a.m. On 11/19/13 the medication was not administered until 10:12 a.m.

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.

Immediately - The Admissi... will monitor all resident MARs at least weekly to ensure all medications are administered as prescribed. 4-1-14
Immediately - A designated staff person qualified to administer medications will review all resident MARs daily to ensure all medications are administered as prescribed. 4-1-14 See Page 18

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) *May Alessio* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</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 <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Klonopin (clonazepam) 0.5mg at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:
 On 11/2/13, at 9:31 a.m.
 On 11/5/13, at 9:27 a.m.
 On 11/19/13, at 9:15 a.m.
 On 11/28/13, at 9:47 a.m.

Resident #6 is prescribed Cholecalciferol Tablet 1000 UNIT, one tablet by mouth 1000 units at 8:00 a.m. On 12/5/13 the medication was not administered until 11:46 a.m.

Resident #7's medication prescribed, Synthroid Tablet .05mg, one tablet by mouth at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 12/3/13, at 11:24 a.m.
- On 12/8/13, at 12:41 a.m.
- On 12/9/13, at 10:46 a.m.
- On 12/10/13, at 10:34 a.m.
- On 12/11/13, at 11:00 a.m.
- On 12/12/13, at 9:21 a.m.
- On 12/13/13, at 9:19 a.m.
- On 12/14/13, at 9:12 a.m.
- On 12/16/13, at 9:47 a.m.
- On 12/17/13, at 11:25 a.m.

Resident # 9 is prescribed Isosorbide Mononitrate Tablet 60mg and Lexapro Tablet 15mg at 8:00 a.m. These medications were not administered at 8:00 a.m. as follows:

- On 11/2/13, at 9:32 a.m.
- On 11/19/13, at 10:11 a.m.
- On 12/17/13, at 9:15 a.m.

Resident #10 is prescribed Metoprolol Tartrate 50mg, Lisinopril tablet 5mg, Imdur Tablet 30mg at 8:00 a.m. These medications were not administered at 8:00 a.m. as follows:

- On 11/2/13, 9:31 a.m.
- On 11/19/13, 9:14 a.m.

Resident #10 is prescribed Metoprolol Tartrate 50mg and Imdur Tablet 30mg at 8:00 p.m. On 12/17/13 these medications were not administered until 10:06 p.m.

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.

SEE PAGE 18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

May Alessio PEHA

Date

1-31-14

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

The above plan of correction is approved as of 4-1-14
 (Date)

Plan of correction implementation status as of _____
 (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: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #11 is prescribed Furosemide Tablet 40mg on even days and 20mg on odd days at 8:00 a.m. On 11/2/13 the medication was not administered until 9:32 a.m.

Resident #11 is prescribed Amlodipine Besylate Tablet by mouth one time a day at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 11/2/13, at 9:32 a.m.
- On 11/19/13, at 10:11 a.m.
- On 11/28/13, at 9:48 a.m.
- On 12/8/13, at 12:15 p.m.
- On 12/9/13 at 9:28 a.m.
- On 12/10/13, at 10:32 a.m.
- On 12/11/13, at 10:16 a.m.
- On 12/12/13, at 10:03 a.m.
- On 12/17/13, at 9:16 a.m.

Resident #11 is prescribed Atenolol Tablet 75mg, one tablet at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 11/2/13, at 9:32 a.m.
- On 11/19/13, at 10:11 a.m.
- On 11/28/13, at 9:48 a.m.
- On 12/10/13, 10:32 a.m.
- On 12/11/13, at 10:16 a.m.
- On 12/12/13, at 10:03 a.m.
- On 12/17/13, at 9:16 a.m.

Resident #11 is prescribed Klor-Con M20 Tablet Extended Release Supplement 20meq at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 11/10/13, at 10:38 a.m.
- On 11/19/13, at 10:11 a.m.
- On 11/27/13, at 10:12 a.m.
- On 12/3/13, at 11:24 a.m.
- On 12/8/13, at 12:15 p.m.
- On 12/9/13, at 10:46 a.m.
- On 12/10/13, at 10:33 a.m.
- On 12/11/13, at 10:16 a.m.
- On 12/12/13, at 10:03 a.m.

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.

See page 18

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Max Alessio RCHA* Date *1/31/14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>4-1-14</u> (Initials)	<input 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: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #11's prescribed medication, Lasix Tablet 20mg, one tablet by mouth at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 12/8/13, at 12:15 p.m.
- On 12/9/13, at 9:28 a.m.
- On 12/10/13, at 10:32 a.m.
- On 12/11/13, at 10:16 a.m.
- On 12/12/13, at 10:03 a.m.
- On 12/17/13, at 9:16 a.m.

Resident #12 is prescribed Namenda Tablet 10mg, one tablet by mouth at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 11/2/13, at 9:33 a.m.
- On 11/19/13, at 10:12 a.m.
- On 12/12/13, at 10:59 a.m.
- On 12/13/13, at 9:36 a.m.
- On 12/17/13, at 9:18 a.m.

Resident #12 is prescribed Celexa Tablet 20mg, one tablet by mouth at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:

- On 11/2/13, at 9:33 a.m.
- On 12/13/13, at 9:18 a.m.

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.

see page 18

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) *May Alessio BS RCHA* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 41668 - 12/12/2013 - Georgoulis, Karen
 PCH Name: TRINITY LIVING CENTER PAVILION SUITES

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #13 is prescribed Losartan Potassium Tablet 50mg, one tablet by mouth at 8:00 a.m. The medication was not administered at 8:00 a.m. as follows:
 On 11/19/13, at 10:12 a.m.
 On 11/28/13, at 9:51 a.m.
 On 12/3/13, at 11:25 a.m.
 On 12/6/13, at 9:24 a.m.
 On 12/8/13, at 12:16 p.m.
 On 12/9/13, at 10:46 a.m.
 On 12/10/13, 10:43 a.m.
 On 12/11/13, 11:17 a.m.
 On 12/12/13, 10:13 a.m.
 On 12/13/13, 9:14 a.m.
 On 12/16/13, at 11:50 a.m.
 On 12/17/13, at 11:25 a.m.

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.

December 12th through 23rd residents #1 through #11 were observed for any adverse effects of medications given late. Doctors were notified and no new orders were given. On 1/30/2014 personal care staff was inserviced on regulation 2600.187 (d) and for company protocol for late administration. They were also given time management techniques and explained the importance of following the directions of the prescriber by administering medications on time. Personal Care Administrator or Designee will monitor MAR to ensure meds are given at the right time as assigned by prescriber. Will monitor daily for two weeks and random audits will be done at least quarterly. Results will be submitted to Quality Assurance Meeting for review and recommendations.

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

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

The above plan of correction is approved as of 4-1-14
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 41668 - 12/12/2013 - Georgouls, Karen
PCH Name: TRINITY LIVING CENTER PAVILION SUITES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 12/5/13 and 12/6/13, during the 6:30 a.m. to 2:30 p.m. shift, direct care staff person A administered medications to all of the residents of the home on the. Direct care staff person A did not complete the Department-approved medication administration course and was not qualified to administer 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.

Personal Care Administrator and Home Administrator reviewed regulation 2600.190 (a) Personal Care Administrator completed a department approved medication administration class on 12/12/2013. Personal Care Administrator and Home Administrator audited all direct care staff's chartson 12/13/2013 to ensure that a curent medication certification was completed to meet requirements. Personal Care Home Administrator will insure that all new direct care staff will complete department approved medication administration training prior to working in personal care.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Man Alessio PLHA* Date *1-31-14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>4-1-14</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented