



APR 24 2014

Mr. Paul Zlotolow, NHA, Executive Director
Stapeley Hall
6300 Greene Street
Philadelphia, Pennsylvania 19144

RE: Wesley Enhanced Living at Stapeley
License #: 140170

Mr. Zlotolow:

As a result of the Department of Public Welfare's licensing inspection on December 13, 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 16, 2014 to February 16, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Basement level; Conference Room (labeled "Central Supply Office") had a frayed rug outside of the door with edges that were curled up and presented as a tripping hazard to residents traveling through the hallway.

A slippery bath mat set was in bathroom # 208 presenting as a slipping hazard without a rubber backing.

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 rug outside of the conference room and room 208 was immediately removed. A notice will be sent out to all families and residents stating that all mats and rugs must have rubber backing to prevent any slipping hazard. The notice will be sent out by 1/15/2014. Staff will be re-serviced as well for regulation 2600.88(a) this will be completed by 1/31/2014

K. Baptiste
1/8/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K. Baptiste

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

Kathy Baptiste PCA

Date

1/8/14

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

The above plan of correction is approved as of

1/15/14
(Date)

Plan of correction implementation status as of

1/15/14
(Date)

The above plan of correction was approved by

KB
(Initials)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
Room # 315 had a cracked window in the bathroom.

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

The cracked window pane will be removed and replaced by 1/30/14. Window condition - tours will be conducted by the maintenance department on a quarterly basis to verify damaged windows.

Roslyn Baptiste
1/2/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roslyn Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roslyn Baptiste PCA* Date *1/2/14*

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

The above plan of correction is approved as of *2/13/14*
(Date)

Plan of correction implementation status as of *2/13/14*
(Date)

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

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Room # 208 - Living Room - the wall adjacent to the upper left corner of the window is cracked and the paint is peeling/chipping.
Room # 315 - Living Room - the wall adjacent to the upper right corner of the window is cracked and the paint is peeling/chipping.

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.

Wall and paint repairs in the living room of apartment 208 and 315 scheduled completion date of 1/30/14. Exterior finish tours of all rooms to be conducted semi annually by maintenance department.

K. Baptiste
1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Baptiste PCA* Date *1/8/14*

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

The above plan of correction is approved as of *1/30/14* (Date)

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

Plan of correction implementation status as of *2/3/14* (Date)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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

2a. DESCRIPTION OF VIOLATION
At 11:15 AM, on 12/13/2013, there was no toilet paper for the toilet in Resident Room # 106.

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.

Handwritten: *Handwritten to ensure that extra rolls of toilet paper are left in the residents apartment. Toilet paper was taken to 100 immediately. Extra rolls of toilet paper are stored at the museum station as back up.*

Handwritten signature: *K. Baptiste*
Date: *1/8/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature: *K. Baptiste*

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

Handwritten: *Kathy Baptiste PCA*

Date *1/8/14*

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The above plan of correction is approved as of

Handwritten: *1/15/14*
(Date)

Plan of correction implementation status as of

Handwritten: *1/15/14*
(Date)

The above plan of correction was approved by

Handwritten initials: *KB*
(Initials)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
There was a discolored, rotting zucchini in the refrigerator in the kitchen 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 zucchini was disposed off immediately. Upon delivery of new products older stock will be rotated to the front any items which appear to be on the verge of becoming spoil will be disposed off. This will be done on a bi-weekly basis. The kitchen manager will assume that this is done.

[Signature]
1/8/14

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)

Kathy Baylister PCA

Date

1/8/14

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

The above plan of correction is approved as of

1/15/14
(Date)

Plan of correction implementation status as of

12/13/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There was an open, undated bottle of ketchup in the food storage area of the main kitchen.

There was an open, undated bag of sugar in the food storage area of the main kitchen.

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.

Both the ketchup and bag of sugar was disposed of on 12/13/13. The staff will be re-educated about proper labeling and dating of food products. This in servicing will be completed by 1/31/14. Dining Manager to ensure that compliance is held.

[Signature]
1/8/14

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)

Kathy Baptiste PCA

Date

1/8/14

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12/13/13
(Date)

Plan of correction implementation status as of

12/13/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The rice in the food storage area was opened and unsealed.
The sugar in the food storage area was opened and unsealed.
The zuchini in the refrigerator was cut in half and unsealed.

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 rice, sugar and zucchini was all discarded on 12/13/13. Staff to be retrained about the importance of sealing open food items. Procedure to be completed by 1/31/14. Dining manager to assume compliance.

K. Baptiste
1/8/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Roslyn Brewer PCA* Date *1/8/14*

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

The above plan of correction is approved as of *2/3/14*
(Date)

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

Plan of correction implementation status as of *2/3/14*
(Date)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
There were four chipped small salad plates in the main kitchen 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.

All plates were disposed of properly on 12/13/13.
All staff will be educated about the reporting of
any chipped dishes. This in service will be
completed by 1/31/14. Dining manager to assure
that compliance is met.

K. Baptiste
1/8/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K. Baptiste

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

Kathy Baptiste PCF

Date

1/8/14

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

The above plan of correction is approved as of

2/3/14
(Date)

Plan of correction implementation status as of

2/3/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 12/13/2013, there was an accumulation of lint in the lint trap of the left dryer on the ground floor, in the laundry room.

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

The lint in dryer of ground floor was removed immediately. New signs has been posted in laundry area and notices has been sent out to all of the residents. Housekeeping will make rounds on a hourly basis to make certain the lint traps are cleaned.

K Baptiste
1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rathy Baptiste PCA* Date *1/8/14*

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

The above plan of correction is approved as of *1/15/14* (Date)

Plan of correction implementation status as of *1/15/14* (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: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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

2a. DESCRIPTION OF VIOLATION

On 12/13/2013, the room labeled "Mechanical Room Authorized Staff only" was unlocked and accessible to residents traveling through the ground floor hallway. The room contained flammable paint.

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.

Flammable paint was removed and stored in an appropriate lockable fire resistant storage container 12/13/13
Monthly tours of mechanical rooms to be completed to verify proper storage of flammables. Mechanical room door lock was verified replaced and doors secured on 12/13/13 to ensure inaccessibility to residents
Monthly tour of all mechanical room doors to be completed to verify no public access. The maintenance department will ensure this occurs.

K. Baptiste
1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Baptiste PCH* Date: *1/8/14*

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

The above plan of correction is approved as of *12/13/13* (Date) Plan of correction implementation status as of *12/13/13* (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: 14017 - 12/13/2013 - Brewer, Roslyn
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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

2a. DESCRIPTION OF VIOLATION
 The home did not follow procedures for the accessibility of the following medications:
 Resident #1 - Tylenol 325 MG PRN was not available in the home.
 Resident #2 - Humalog Subcutaneous Sol 100 unit/ml, 2 units PRN was not available in the home.
 Resident #3 - Milk of Magnesia PRN was not available 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.

At the end of every shift staff will make rounds on the cart to assure all medication including PRN meds are on the cart. The meds for Resident #1 #2 and 3 was called in and delivered on 12/13/13. Practicum Observers will audit carts on a weekly basis to assure compliance of reg 185(a)

*K. Baptista
1/8/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. Baptista*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachy Baptista PCA* Date *1/8/14*

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

The above plan of correction is approved as of <i>1/15/14</i> (Date)	Plan of correction implementation status as of <i>1/15/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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

On 12/31/2013, Medication "Artificial Tears Ophthalmic Solution; 1 drop(s) BOTH EYES ***2 Times a Day 8am, 4pm, Dx: Dry Eyes" for Resident #1 was not present in the home, however, a staff person Initialed Resident # 1's Medication Administration Record as having administered the medication at 4PM.

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.

This medication error was reported to DPW on 12/14/13. Staff person was re-educated on proper documentation of administered medication. This was done by PC Administration.

*K. M. Baptiste
1/8/14*

The administrator will review the MAR's on a weekly basis to ensure proper documentation of timely medication administration is completed strictly within 10 days of receipt of the plan of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K. M. Baptiste

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

Rachel Baptiste PC

Date

1/8/14

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

The above plan of correction is approved as of

12/14/13
(Date)

Plan of correction implementation status as of

12/14/13
(Date)

The above plan of correction was approved by

AB
(Initials)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for "Artificial Tears Ophthalmic Solution; 1 drop(s) BOTH EYES ***2 Times a Day 8AM, 4PM, Dx: Dry Eyes." On 12/13/2013 the medication was not present 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.

Medication for resident #1 was ordered and delivered on 12/13/13. Daily audits of med carts will be made by every shift to ensure all meds are in the cart. Nursing supervisor to ensure compliance.

K. Baptiste
1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Baptiste PCA* Date *1/8/14*

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

The above plan of correction is approved as of 12/14/13 (Date)

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

Plan of correction implementation status as of 12/14/13 (Date)

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #4, admitted 7/29/2013, was completed on 7/15/2013.

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.

The assessment for resident #4 will be re-done by 1/14/14. PC administrator to assure regulation 205(a) is in proper order for all residents chart. Audit has been started on all charts and will be completed by 1/31/14.

1/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *K. M. Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roslyn Baptiste PCA* Date *1/8/14*

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

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

Violation Report: 14017 - 12/13/2013 - Brewer, Roslyn
PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident # 4 was admitted to the home on 7/29/2013. The support plan was completed on 7/23/2013.

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.

The support plan for resident #4 will be re-done by 1/14/14. PC administrator to ensure regulations 2600.227(a) is in proper standing for all resident chart. Audit has been started on all charts and will be completed by 1/31/14

K. Baptiste
1/8/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K. Baptiste

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

Kathy Baptiste PCA

Date

1/8/14

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

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2/3/14
(Date)

Plan of correction implementation status as of

2/3/14
(Date)

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[Signature]
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