



APR 28 2014

Ms. Leah C. Ilgenfritz, Owner
521 Park Avenue
Scottsdale, Pennsylvania 15683

RE: Leah's Victorian Cottage I
511 Park Avenue
Scottsdale, Pennsylvania 15683
License #: 429350

Dear Ms. Ilgenfritz

As a result of the Department of Public Welfare's licensing inspection on December 18, 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 March 26, 2014 to March 26, 2015 was issued on December 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: LEAH S VICTORIAN COTTAGE I		License Number: 42935
Address: 511 PARK AVENUE, SCOTTDALE, PA 15683		County: Westmoreland
Administrator: Leah Ilgenfritz		Region: WEST
Legal Entity Name: LEAH C ILGENFRITZ		
Legal Entity Address: 521 PARK AVENUE, SCOTTDALE, PA 15683		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/26/1995 L&I		JAN 21 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/18/2013: Williams, Jason; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 28 Are 60 Years of Age or Older: 4 Have Mental Illness: 29 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

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

The lock on the door of bathroom #3 is not functional which creates a privacy issue for residents using this 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 lock on bathroom #3's door has been replaced.

All door handels and locks will be inspected by staff weekly to ensure proper functionality.

2-28-14 The administrator will inspect all doors of bathrooms on a monthly basis to ensure they are functioning properly and allow for resident privacy. JSP
1-31-14
C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Leah C. Licenfritz</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LEAH C LICENFRITZ OWNER ADMINISTRATOR	1-15-14

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

The above plan of correction is approved as of <u>1-31-14</u> (Date)	Plan of correction implementation status as of <u>1-31-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JSP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 21 2014

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 1/11/13. The background check obtained by the home is dated 7/8/04 which is not within 12 months of the hire date as required by the Older Adult Protective Services Act.

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

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

A background check was ran immediately upon finding the violation on 12/18/13. The employee now has current documentation of a background check in their file.

To ensure this will not happen in the future all background checks must be ran and double checked before staff can begin their 1st day of work.

2-28-14 The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act Training. Documentation will be kept. JAP 1-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah S. Licentfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH LICENTFRITZ OWNER ADMINISTRATOR Date 1-15-14

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(Date)

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

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

JAN 21 2014

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 1/11/13 but does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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

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

The staff member is currently working towards a valid GED. They must have it completed within the 6 month time frame.

Immediately: Staff person A will not perform direct care duties until he/she registers for GED classes or has active registration status on the Pennsylvania nurse aide registry. JPP

Leah's Personal Care Home office staff have educated themselves on the use of different resources to help indicate whether an employees diploma or GED is valid in the state of PA.

2-28-14 the administrator will review all current staff records to ensure all staff persons meet the qualifications under 2600.54(a). JPP

2-28-14 the administrator or designated staff person will verify all new direct care staff documentation to assure the staff person meets the qualifications prior to starting work in the home. JPP 1-31-14

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C ELGENFRTZ OWNER ADMINISTRATOR

Date 1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

-Direct care staff person A was hired on 1/11/13 and never received the orientation required by this regulation.

-Ancillary staff person B was hired on 9/30/13 and never received the orientation required by this regulation.

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 staff members have been given proper orientation to their job duties. These staff members have also been given documentation to read and keep for their reference. Orientation given 12/9/13 and 1/15/14. gfp

2-28-14 The administrator or designated staff person will review all state person training records to ensure all state persons have completed the required training of 2600.65(a). gfp 1-22-14

Before staff can begin their 1st day of work they must come in to be properly trained on evacuation procedures, job duties, meeting areas in case of fire, smoking safety, how to operate fire extinguishers, smoke detectors fire alarms, and phone use and emergency contact information.

2-28-14 The administrator will create a tracking system for new hires to ensure that newly hired staff persons receive the training required by this regulation on or before the first work day and the documentation of training with the date of training is kept in the staff person's record. 1-22-14 gfp

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Fiedel*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C FIEDEL FEITZ OWNER ADMINISTRATOR

Date 1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason

JAN 21 2014

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

-Direct care staff person A was hired on 1/11/13. The orientation in resident rights, emergency medical plan, abuse reporting and incident reporting is not dated, therefore, the timeliness of this orientation cannot be measured.

-Ancillary staff person B was hired on 9/23/13 but did not receive orientation in resident rights, emergency medical plan, abuse reporting or incident reporting until 12/6/13 which is not within 40 working hours.

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

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

Direct Care staff A was retrained on resident rights, emergency medical plan, abuse reporting and incident reporting on 1/15/14 gfp
Ancillary staff B was made aware that they should have received this orientation sooner.

To ensure all staff are receiving proper orientation these topics will be discussed with them upon their 1st day of work.
2-28-14 the administrator or designated staff person will review all staff person training records to ensure all staff persons have completed the required training of 2600.65(b). gfp
2-28-14 the administrator will create a tracking system for new hires to ensure newly hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training with the date of training is kept in the staff person's record. gfp 1-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah S Ilgenfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH S ILGENFRITZ OWNER ADMINISTRATOR Date 1-15-14

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(Initials)

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 1/11/13 and currently provides unsupervised ADL services. This staff person did not complete the direct care on-line competency test or any of the other topics required by this regulation.

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 staff member has completed the online competency test on 1/16/14. *JSP*

Staff must complete the online competency test prior to their 1st day of work. *2-28-14* the administrator or designated staff person will review all staff persons training records to ensure all staff persons have completed the required training in 2600.65(d) before providing unsupervised ADL services. *JSP 1-31-14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Ilgenfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LEAH C. ILGENFRITZ*

Date *1-15-14*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

JAN 21 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70° F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

The window of bedroom #9 is open approximately 1/2 inch to allow a coaxial cable to enter the room from the outside. The temperature of the room at the resident bed was 59.9 degrees Fahrenheit at 11:58 AM.

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 cable has been rerouted and the window is closed.
2-28-14 All staff will be educated on maintaining a temperature in the home of at least 70°F. Documentation shall be kept. JSP

Resident's rooms must be inspected daily to ensure health and safety.
Staff have suggested indoor thermometers.

2-28-14 The administrator will monitor the home on a weekly basis to ensure the temperature in the home including all bedrooms is at least 70°F. JSP 1-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Benfritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C BENFRITZ OWNER ADMINISTRATOR Date: 1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason
 PCH Name: LEAH S VICTORIAN COTTAGE I

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

JAN 21 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

- The shelves of the serving table in the kitchen had a clear sticky substance on them and have dirt collecting in the corners. The mixing bowls stored there have dirt and dust on them.
- The doors of the steamer table had residue down both doors on the inside.
- The track for the sliding glass doors of the cooler in the kitchen had old food particles in it.
- The kitchen refrigerator had residue of old food and liquids on the inside of it.
- The baskets of the deep fryer in the kitchen were coated with old grease and food particles. The wells of the fryer had bits of old food particles on their sides.
- The hood above the stove and grill in the kitchen had a coating of dust and grease on it.
- There was a pill cutter on top of the microwave in the kitchen that was very dirty and corroded on the blade and tray.
- The electric hand dryer in bathroom #2 was not functional and there were no other hand drying options in this bathroom.
- The floors of bedrooms #9 and #15 were both covered with numerous bits of dirt and debris.

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.

12/18/13 - 12/21/13 - Staff have cleaned the kitchen from top to bottom.

To ensure the kitchen remains in a clean state a cleaning check list has been established to coincide with a new cleaning schedule. A daily check-list must be completed as well as a weekly one. This will ensure that staff are aware of what is expected daily.

2-28-14 All staff persons will be educated on maintaining sanitary conditions and the reporting methods for unsanitary conditions. Documentation will be kept. JHP 1-31-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leah C Elgenfritz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LEAH C ELGENFRITZ OWNER ADMINISTRATOR Date 1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

JAN 21 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There is no source of lighting outside of the fire exit door #6.

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 has been a replacement light installed above fire exit door #6.

Maintenance has been instructed to check all exits for proper lighting daily to ensure residents can safely move through the home and evacuate. JAP 1-31-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah S. Eigenfratz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S EIGENFRATZ OWNER ADMINISTRATOR Date 1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

There are no emergency numbers posted by the phone on the stand by the love seat in the living 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.

12/18/13 - An emergency phone number list was placed next to the resident phone in the livingroom.

All emergency contact lists will be updated annually. This will help keep numbers current and ensure that staff are checking for missing numbers.

2-28-14 the administrator or designated staff person will check all telephones weekly to ensure all required telephone numbers are posted by each telephone.
1-31-14 JAP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Leah C. Ilgner

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LEAH C ILGNER 42 OWNER ADMINISTRATOR

Date

1-15-14

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Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

FEB 20 2014

2a. DESCRIPTION OF VIOLATION

The home's front sidewalk to the left of the front door has a step up of approximately 3 inches. There is no handrail on grab bar on the step.

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.

A handrail is being purchased so that maintenance can install it to help assist residents in and out of the front door.

Handrail was installed JSP 1-31-14

A check list has been established for staff to check all exits for proper fixtures, i.e. handrails, lighting, functioning door knobs etc.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Leah C. Licenfritz

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LEAH C LICENFRITZ OWNER ADMINISTRATOR

Date

1-15-14

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JAN 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

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

2a. DESCRIPTION OF VIOLATION

- The gold chair in the living room has a tear in the front edge of the seat cushion approximately 2 1/2 inches long with some of the foam exposed. This cushion also has a 1 1/2 inch tear in the fabric near the rear corner.
- Two green chairs in the dining room have several cracks in the vinyl seat covers with some of the vinyl pulled apart.
- One red chair in the dining room has a 3-4 inch tear toward the back of the seat cushion.
- One white chair in the dining room has a 2-3 inch tear on the back corner of the seat cushion.

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

1/10/13 - 50 new chairs were purchased for the dining room. All chairs were replaced to ensure the safety of our residents.

1/10/13 - Gold chair in living room has been covered to ensure resident safety. A cloth cover has been placed on it.

A checklist has been established for staff. As they clean the dining room and kitchen they must be sure to inspect chairs and tables for any damages.

2-28-14 the administrator will conduct a weekly safety inspection to ensure all furniture is clean, in good repair, and free of hazards including all chairs in the home. JFP 1-31-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Leah C. Elgen Fritz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH C. ELGEN FRITZ OWNER ADMINISTRATOR Date 1-15-14

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

The above plan of correction is approved as of <u>1-31-14</u> (Date)	Plan of correction implementation status as of <u>1-31-14</u> (Date)
The above plan of correction was approved by <u>JFP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JFP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The downspout on the front of the home to the right of the front door is not connected to the drain and is leaving a puddle of water on the sidewalk which creates a slip/fall hazard for residents.
- The plastic siding trim outside of the fire exit #6 is cracked with a sharp broken piece projecting up from the crack. This creates a laceration hazard for residents.

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 downspout has been repaired and water is no longer leaking. Maintenance is currently working to fix the broken piece of siding outside of fire exit #6.

A maintenance check list has been established. Staff are required to check for any hazards and to report them.

2-28-14 The administrator will inspect the exterior of the building and the building grounds at least monthly to ensure all is in good repair and free of hazards. JGP 1-31-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/18/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Leah S. Victor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S VICTOR OWNER ADMINISTRATOR Date 1-15-14

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

The above plan of correction is approved as of 1-31-14 (Date) Plan of correction implementation status as of 1-31-14 (Date)

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

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

The home's refrigerator contained a baggie with 3 slices of bologna lunchmeat and a 3 slices of American cheese in plastic wrap that were not labeled or dated.

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 baggie of bologna lunchmeat and slices of cheese have been thrown away.

Before and after every meal served food items in the kitchen are to be inspected and labeled with the current date. As new items are brought into the kitchen they are to be labeled before being placed on the shelf. Staff have been retrained on food safety.

2-28-14 the administrator or designated staff person will check all food storage areas weekly to ensure safe food storage practices are followed, including labeling and dating leftover food. JAP 1-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah C. Elgenfrantz

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

LEAH C. ELGENFRANTZ OWNER ADMINISTRATOR

Date

1-15-14

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

The above plan of correction is approved as of

1-31-14
(Date)

Plan of correction implementation status as of

1-31-14
(Date)

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

The above plan of correction was approved by

JAP
(Initials)

RECEIVED Page 16 of 25

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

- On the shelf above the serving table in the kitchen there was a box of instant mashed potatoes, a box of white rice, and a box of Coco Wheats that were opened and not sealed.
- There was a container of potato salad in the home's refrigerator that was cracked from top to bottom. Some of the potato salad had leaked out of the crack and hardened on the side of the container.
- On the dry food shelf in the kitchen there was a bag of brown sugar that was opened and not sealed.
- Under the stainless steel work station in the kitchen there were 10 bags of buns and 13 bags of bread ends that were opened and not sealed.

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 containers containing food in the kitchen have been wrapped and sealed.

After every meal that is served staff are to wrap or seal every container that is opened. Staff have been retrained on food safety.

2-28-14 the administrator or designated staff person will check all food storage areas weekly to ensure all food items are stored in closed or sealed containers.
JSP 1-31-14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leah S Williams</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEAH S WILLIAMS OWNER/ADMINISTRATOR		Date 1-15-14

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

The above plan of correction is approved as of 1-31-14
(Date)

Plan of correction implementation status as of 1-31-14
(Date)

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

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

JAN 27 2014

Violation Report: 42835 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 4/29/13. The most recent before this was conducted on 4/2/13. This exceeds the time frame for the annual fire safety inspection and drill.

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.

An appointment shall be made with a fire safety expert so that a fire safety inspection can take place.

An annual reminder has been set on the office computers so that we may be alerted when the annual fire safety inspection date is nearing. Alerts have also been set on cell phone.

A fire safety inspection and fire drill is to be conducted by an expert on March 31, 2014.

2-28-14 The administrator will schedule the annual fire inspection and drill with a fire safety expert to ensure the annual fire inspection and drill are conducted within the annual (365 day) timeframe.

JSP
1-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah C. Algenfity*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH C. ALGENFITY OWNER ADMINISTRATOR Date 1-15-14

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

The above plan of correction is approved as of 1-31-14
(Date)

Plan of correction implementation status as of 1-31-14
(Date)

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

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

Multiple resident interviews indicate that residents of the home evacuate to the living room for fire drills. This area has not been designated as a fire safe area by a fire safety expert within the past 12 months.

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

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

A new fire drill plan is being created and renewed.

2-28-14 - All staff persons and residents will be educated on the importance of evacuating the building to a designated meeting place during monthly fire drills
JJP 1-31-14

Fire drills shall be held every month to ensure residents and staff are able to get to safety if a fire should happen. Residents shall be directed to designated meeting areas.

A fire drill was conducted on 12-20-13; all residents were evacuated to designated meeting place.
JJP 1-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah S. Williams

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

LEAH S. WILLIAMS OWNER ADMINISTRATOR

Date 1-15-14

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

The above plan of correction is approved as of

1-31-14
(Date)

Plan of correction implementation status as of

1-31-14
(Date)

The above plan of correction was approved by

JJP
(Initials)

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home is only posting a menu for the current week.

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

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

A new menu board has been posted in the dining room.
A monthly menu has been set in place.

Menus are created at the beginning of every month.
Also, the menus are pinned on a single sheet, weekly so residents can view them without flipping any pages. Each page has the entire month's menu posted on it.

2-28-14 the administrator will check the menu board weekly to ensure a menu is posted 1 week in advance in a conspicuous and public place in the home. JPP 1-31-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/18/2012

Signature of Legal Entity Representative
(Required on EVERY Page) *Leah S. Williams*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEAH ELLEN FLITZ OWNER ADMINISTRATOR Date 1-15-14

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

The above plan of correction is approved as of <u>1-31-14</u> (Date)	Plan of correction implementation status as of <u>1-31-14</u> (Date)
The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JPP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 42935 - 12/18/2013 - Williams, Jason
PCH Name: LEAH S VICTORIAN COTTAGE I

JAN 27 2014

WEST REGION FIELD OFFICE
Human Services Administration

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Za. DESCRIPTION OF VIOLATION

On 12/18/13 on the work station in the kitchen, there was a basket containing a medicine cup with four tablets inside. The medications were Haloperidol 5mg, Ranitidine 150mg, Olanzapine 20mg and Trihexyphenidyl 2mg prescribed for Resident #1 to take at 8:00 PM on 12/17/13.

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.

An incident report was filed. Resident #1's doctor was contacted to report medications had not been taken at prescribed time. Employees have been redirected on how to pass medications.

All medications are to be distributed at their prescribed times and in the designated area. (office) Unless the resident is unable to come to that area. Employees have established a better communication system. They will double check each other before and after medication passes. Communicate which residents have refused their medications at their prescribed times.

2-28-14 All staff persons will be educated on the required locked storage of medications. Documentation of training will be kept. JSP 1-31-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Leah C Elgenritz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leah C ELGENRITZ Date 1-15-14

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

The above plan of correction is approved as of 1-31-14 (Date)

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

Plan of correction implementation status as of 1-31-14 (Date)

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

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Violation Report 42835 - 12/18/2013 - Williams, Jason
PCH Name: LEAH'S VICTORIAN COTTAGE

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

JAN 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Haloperidol 5mg, Olanzapine 20mg, Trihexyphenidyl 2mg and Ranitidine 150 mg daily at 8:00 PM. These medications were not administered on 12/17/13 at 8:00 PM as they were found in a cup in the home's kitchen on 12/18/13.

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.

An incident report was filed. Resident #1's doctor was contacted to report the resident did not receive their medication at the prescribed time. The resident was informed of the situation. The employees have been redirected on how to pass medications.

All employees have been redirected on how to pass medications. They have established a new communication system to help double check each other and be sure to follow the directions of the prescriber.

There will be a second staff member to help administer medications. Before staff administer any medications they will check the previous medication pass to double check all residents have received their medications.

JSP
1-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Josh Eigenfranz

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LEAH E EIGENFRANZ OWNER ADMINISTRATOR

Date

1-15-14

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

The above plan of correction is approved as of 1-31-14 (Date)

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

Plan of correction implementation status as of 1-31-14 (Date)

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

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JAN 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #2 was completed on 4/30/13. The previous assessment was completed on 4/5/12. This exceeds the timeframe for an annual assessment. In addition, the 4/30/13 assessment does not address the resident's dental needs.

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

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

Staff were made aware of the importance of the resident's annual assessments. Resident #2's assessment was completed on 12-19-13. JJP

A new computer software program is being purchased to help file resident's files. An alert will be sent out to remind staff that it is getting close to the time for the resident's annual assessment. This will ensure all appointments can be made for the resident in a timely manner.

2-28-14 the administrator or designated staff person will review all resident assessments for accuracy and completion including dental needs. JJP 1-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah C. Degenfritz

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

LEAH C DEGENFRITZ OWNER ADMINISTRATOR

Date

1-15-14

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

The above plan of correction is approved as of

1-31-14
(Date)

Plan of correction implementation status as of

1-31-14
(Date)

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

The above plan of correction was approved by

JJP
(Initials)

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Violation Report: 42933 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

JAN 27 2014

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.

WEST REGION FIELD OFFICE
Human Services

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for Resident #1 has initials written in for the 8:00 PM administration of 4 medications on 11/16/13 and 11/17/13. However, each of these initials are covered over by a large "S" to indicate the resident was sleeping.

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 staff member has been redirected on how to pass medications. They have been retrained on how to make entries in a resident's record.

The MAR will be looked over before and after every medication pass to ensure all medication was distributed and documented as such.

2-28-14 All staff persons administering medication will be educated on this regulation. In the event an entry is written in error, a line will be drawn through the entry and initialed by the staff member.

JSP 1-31-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laibee Algepey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAIBEE ALGEPPEY, NURSE ADMINISTRATOR* Date *1-15-14*

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

The above plan of correction is approved as of 1-31-14 (Date)

Plan of correction implementation status as of 1-31-14 (Date)

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

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

Violation Report: 42935 - 12/18/2013 - Williams, Jason

PCH Name: LEAH S VICTORIAN COTTAGE I

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

JAN 27 2014

2a. DESCRIPTION OF VIOLATION

-The record for Resident #3 does not contain a picture.

-The picture in Resident #4's record is dated 2010 which is more than two years old.

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.

All residents have had a recent photo taken and added to their files.

A new computer software is being purchased to help with Resident's records. An annual alert will be sent to remind staff resident's photos need updated.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/18/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Leah Elgenritz

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

LEAH ELGENRITZ OWNER ADMINISTRATOR

Date

1-15-14

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

The above plan of correction is approved as of

1-31-14
(Date)

Plan of correction implementation status as of

1-31-14
(Date)

The above plan of correction was approved by

LEP
(Initials)

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