



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Ms. Judy Paul, PCH Administrator
Charles P. & Margaret E. Polk Foundation
301 North Street
Millersburg, Pennsylvania 17061

RE: Polk Personal Care
License #: 306870

Ms. Paul:

As a result of the Department of Public Welfare's licensing inspection on January 2, 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 March 26, 2014 to March 26, 2015 was issued on December 6, 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: 30687 - 01/02/2014 - Gensil, Lori
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home's current violation report was not posted in a conspicuous and public place in the home.

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

A policy has been created to ensure that the violation report will be posted at all times in area that is accessible to all individuals. This area will be in a conspicuous and public place. (see attachment)

To prevent future violation of this regulation, 2600.3(c), the administrator or administrator designee will validate that the violation summary is posted along with the current license and a copy of Pennsylvania Code Title 55, Public Welfare, Chapter 2600, Personal Care Homes.

This policy is effective immediately.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Aitland, Administrator Designee* Date *2/7/14*

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

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

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

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

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

Violation Report: 30687 - 01/02/2014 - Gensil, Lori
 PCH Name: POLK PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
 The contract, dated 1/31/13 for Resident #1, was 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.

This administrator designee met with resident #1, and reviewed the contract from his 1/31/13 move in date. Due to Resident #1's moderate cognition deficits due to Dementia, he was not able to sign his name, but he was able to provide a resident's mark. (see attachment)

To prevent future violation of this regulation, "contract signed or marked by resident" was added to the "Resident Admission Checklist"; (see attachment)

The administrator or administrator designee will be responsible to prevent future violations of Regulation 2600.25(b). This will be accomplished by completing (a) of the "Resident Admission Checklist".

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Aitland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Aitland, Administrator Designee* Date *2/7/14*

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

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

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

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

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

Violation Report: 30687 - 01/02/2014 - Gensil, Lori
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION

The nearest operable smoke detector to resident bedroom 303w is 16 feet away. Also, the nearest operable smoke detector to resident bedroom 331E and 231E is 19 feet away.

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.

Operable smoke detectors will be purchased and placed on the wall outside the resident room door for rooms 303w, 331E, and 231E. These operable smoke detectors will be placed within 15 feet of each resident room door.

Operable smoke detectors have been ordered and will be placed on the specified wall areas as noted above on or before February 12, 2014.

Staff will routinely check the battery operated smoke detectors to ensure that they continue to be operable. ^{OP} 3/3/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Aitland Administrator Designee* Date *2/7/14*

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

The above plan of correction is approved as of <u>3/3/14</u> (Date)	Plan of correction implementation status as of <u>3/3/14</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" 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: 30687 - 01/02/2014 - Gensil, Lori
 PCH Name: POLK PERSONAL CARE

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
 Three residents did not evacuate during the 6/28/13 5:37 AM fire 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.

After the fire drill, later in the morning, this administrator designee met with each of the three (3) residents individually. Education was provided explaining the importance of participating promptly to all fire alarms. As well as the importance to evacuate to fire-safe stairwells, or outside exits immediately. The residents' contract was reviewed with each of them, specifically page 15 number 4 which states "The Resident must participate in the scheduled and unscheduled fire safety drills". (see attachment)

Since this occurrence on 6/28/13, the three (3) mentioned residents have participated in all announced fire drills without problem. Residents understand that failure to participate in fire drills may result in a 30 day notice of discharge.

To prevent a similar violation from occurring in the future, the administrator or administrator designee will verify that all residents evacuated promptly to designated fire-safe areas.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Allard, Administrator Designee* Date *2/7/14*

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The above plan of correction is approved as of 3/8/14
 (Date)

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

Plan of correction implementation status as of 3/8/14
 (Date)

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

Violation Report: 30687 - 01/02/2014 - Gensil, Lori
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 1/31/13. The resident's medical evaluation was completed on 11/1/12.

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

Due to the nature of this violation, correction to a date on a medical evaluation from the past cannot occur.

To prevent future violation of this regulation, "date of evaluation" was added to the "Resident Admission Checklist". (see attachment)

The administrator or administrator designee will be responsible to prevent future violations of Regulation 2600.141(a)(1). This will occur and be accomplished by completing 7(a) of the "Resident Admission Checklist".

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Alford*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Alford* Date *2/7/14*

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

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

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

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