



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 06 2014

Mr. Daniel M. Guill, Authorized Representative
McCullough AID OPCO, LLC
301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

RE: McCullough House
500 Cheney Oak Drive
Johnstown, Pennsylvania 15905
License #: 330640

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on January 22, 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 July 11, 2013 to July 11, 2014 was issued on July 11, 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
Director

Enclosure
License Inspection Summary

Violation Report: 33064 - 01/22/2014 - McCloskey, Jason
 PCH Name: MCCULLOUGH HOUSE

1. REGULATION 55 Pa.Code §2609
 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 11/12/13. The resident's medical evaluation was completed on 7/26/13.

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.

Please See attached 2(A)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stacy Baldera</i>	Date <i>2/14/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>3/4/14</i></u> (Date)	Plan of correction implementation status as of <u><i>3/4/14</i></u> (Date)
The above plan of correction was approved by <u><i>CB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2(A)

McCullough House
500 Cheney Oak Drive
Johnstown PA 15905

Violation: 2600.141(a)(1)

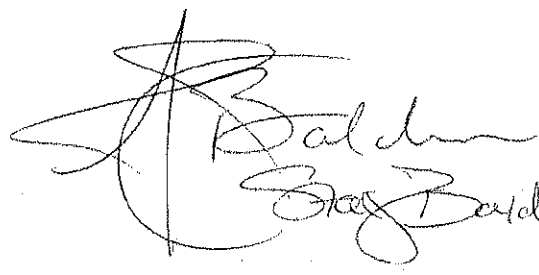
Plan of Correction (POC)

Immediately: Wellness Director contacted physician, as we were aware that resident #1 did have an appointment with his PCP a couple of weeks preceding his admission. However PCP used the last date of full examination, which was 7/26/13. Copies of the physician's notes were provided to the inspectors prior to their exit from McCullough.

Current resident files have been reviewed for other discrepancies, review completed 2/7/2014. Any new admissions will be reviewed by the Residence Director and Wellness Director for appropriateness of the dates on any state documents before placing in the resident file.

Ongoing: Residence Director, Wellness Director, and/or Designee will monitor DME's to ensure that they are completed within ~~6 months~~ prior or 30 days after admission.

CSB 60 days


Greg Balderson 2/14/14

Plan of Correction approved: 3/4/14 

Violation Report: 33064 - 01/22/2014 - McCloskey, Jason
 PCH Name: MCCULLOUGH HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident #2 self administers medications and stores medication in their room. On 1/22/14, the resident's room was unlocked and the medication was being stored in an unlocked wooden stand.

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.

Please see attached 3(A), 3(B)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stacy Berdeas</i>	Date <i>2/14/14</i>
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The above plan of correction is approved as of 3/4/14
 (Date)

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

Plan of correction implementation status as of 3/4/14
 (Date)

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

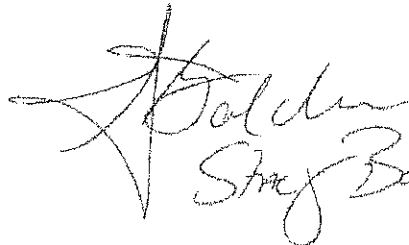
3 (A)

Violation: 2600.181(d)

Plan of Correction (POC)

Immediately – The Residence Director and resident #2 locked her medications in the cabinet provided in the presence of the inspector. Resident was immediately educated on the regulation, and the importance of making sure all medications are always kept in a secure locked area.

Ongoing – Wellness Director will review this policy with current residents who self-medicate, self-medicators will be re assessed and educated by Friday February 21, 2014. Wellness Director, Residence Director and/or Designee will check regularly to ensure that current residents who self-medicate are keeping their medications in a secure locked area. Staff is also educated to look for unsecured meds when providing a service in their apartment. This regulation was reviewed at the staff meeting held 2/14/2014.


Stacy Balderson

2/14/14

Plan of Correction Approved: 3/4/14 CB