



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 23 2014

Ms. Kristen Luckhaupt, Administrator
Canterbury Place
310 Fisk Street, Ground Floor and Floors 2-6
Pittsburgh, Pennsylvania 15201

RE: Canterbury Place
License # 429490

Dear Ms. Luckhaupt:

As a result of the Department of Public Welfare's licensing inspection on January 23, 2014 and January 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 17, 2014 to June 17, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

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

Page: 1

PCH Name: CANTERBURY PLACE		License Number: 45
Address: 310 FISK STREET, PITTSBURGH, PA 15201		County: Allegheny
Administrator: Kristin Luckhaupt		Region: WEST
Legal Entity Name: CANTERBURY PLACE		
Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201		
Certificate(s) of Occupancy I-2 05/05/2010 City of Pittsburgh		WEST REGION - Field Office Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 91	Working Staff: 68
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2014: Mazza, Larry; Flinnor-Alman, Lisa 01/24/2014: Mazza, Larry; Flinnor-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164	Number of Residents who:	
Number of Residents Served: 81	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 81	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 10	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 1		

RECEIVED

MAY 2014 Page

Violation Report: 42949 - 01/23/2014 - Mazza, Tarry
PCH Name: CANTERBURY PLACE

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
 - (5) Personal care service needs of the resident
 - (6) Safe management techniques
 - (7) Care for residents with mental illness or mental retardation or both, if the population is served in the home

2a. DESCRIPTION OF VIOLATION
Direct care staff persons B and D did not receive annual training on care for residents with mental illness or mental retardation in the 2013 training year.
The home currently serves four residents with diagnosis of mental illness and one resident with diagnosis of intellectual disability.

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 recurring again. If steps cannot be completed immediately include dates by which the steps will be completed.

Direct care staff B and D did complete required training in May 2013 however record of training was not properly filed in employee education folders but documentation of training has been located.

Director of Resident Care will implement use of an education binder which will be completed by 5/16/14 and maintained on an ongoing basis. Education binder will include annual staff training plan, length and content of all training material provided and signed record of training for all training completed for the facility staff. Administrator or designee will review record of training after each course is offered to ensure all staff participation. Make-up classes will be scheduled as needed. Director of Resident Care or designee will file record of training in employee folders and keep original master record of training in education binder.

Administrator or designee will review training plan monthly to assure compliance with required staff training. Director of Resident Care will update the education binder as needed to reflect required/completed training and to assure accuracy of training records for staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt LPN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt, LPN, PCHA* Date *5/13/14*

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

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

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

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102)
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable

2a. DESCRIPTION OF VIOLATION
Direct care staff members B and D did not receive annual training on the following topics during the 2013 training year:
*Fire safety completed by a fire safety expert or a staff person trained by a fire safety expert
*Older Adult Protective Services Act
*Falls and accident prevention

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.

Facility annual mandatory training courses content includes regulatory required training and is completed through online education from July 2013 until October 2013. All staff did complete required training. Course content included regulatory required training, however a printed course description and assigned length was not present in the training record.

Fire Safety training was provided for all staff in August 2013. All staff did complete required training in August however record of training was not properly filed in employee education folders.

Director of Resident Care will implement use of an education binder which will be completed by 5/16/14 to maintain files of regulatory required education for staff and maintained on an ongoing basis. Education binder will include annual training plan, length and content of all training material provided and signed record of training for all completed staff training. Administrator or designee will review record of training after each course is offered to ensure all staff participation. Make-up classes will be scheduled as needed. Director of Resident Care or designee will file record of training in employee folders and keep original master record of training in education binder.

Administrator or designee will review training plan monthly to assure compliance with required staff training. Director of Resident Care will update the education binder as needed to reflect required/completed training and assure accuracy of training records for staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt LCN, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt LCN PCHA Date 5/13/14

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

The above plan of correction is approved as of 7-2-14 (Date)

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

Plan of correction implementation status as of 7-2-14 (Date)

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

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
 PCH Name: CANTERBURY PLACE
 WEST HAVEN, CT
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 1/23/14, both armrests of resident #1's wheelchair had numerous cracks in them posing a skin tear hazard.

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

Resident #1 family was contacted immediately at the time the cracks were noted regarding repair for resident's wheelchair. *Resident #1 no longer resides in the home. Smp 7-2-14*

Audit of all resident wheelchairs was completed 1/31/14

Family/residents were all contacted by 2/12/14 about any wheelchair repairs that were needed. Facility maintenance team ordered items needed and repaired all wheelchair areas as needed from audit.

Wheelchair preventative maintenance review schedule completed to ensure that all resident wheelchairs are being audited monthly to ensure wheelchairs are not in need of repair or maintenance of any type. 11-7 charge staff member will audit all resident wheelchairs and review with DRC or designee monthly. DRC or designees will notify residents/families of any wheelchair repairs/maintenance needed. Facility will complete the wheelchair repairs as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Keiston Luckhaupt UPN, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Keiston Luckhaupt UPN, PCHA</i>	Date <i>5/13/14</i>

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

The above plan of correction is approved as of <u>7-2-14</u> (Date)	Plan of correction implementation status as of <u>7-2-14</u>
The above plan of correction was approved by <i>Smp</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

7/13/14

Page

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were splattered, dried food particles in the interior top and back of the microwave, located in the 3rd floor kitchenette. (Obs: 1/23/14)

There were splattered, dried food particles in the interior top, bottom and sides of the microwave, located in the McVay Atrium. (Observed 1/24/14)

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

Microwaves in both locations were cleaned immediately upon discovery.

7-3 shift housekeeper completes audits of all microwaves and cleans them as needed and routinely at end of shift daily.

11-7 aides audit all microwave and cleans all microwaves by end of shift daily

Housekeeping manger will inspect all microwaves at least weekly and review audit findings with administrator weekly and on an on-going basis

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Krishna Lucknowat LPN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KRISHNA LUCKNOWAT LPN, PCHA* Date *5/13/14*

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

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress *SW*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 2014

Page 1

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGION DISTRICT OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar at the toilet in the 1st stall in the common women's room located in the McVay Atrium (Observed 1/24/14)

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.

Grab bar installed at toilet in women's restroom located in the McVay Atrium on 4/28/14.

Resident room audit completed 4/28/14 to ensure all bath areas have required grab bars or hand rails. 100% compliance with regulation requirement was noted.

Housekeeping manger will audit resident rooms monthly to ensure required grab bars or hand rails are present and in good repair. Manger will review monthly audit findings with Administrator. Any bathroom areas in need of repair or addition of a grab bar or hand rail will be addressed immediately by facility maintenance. Residents will be asked at resident meeting to please report any concerns with hand rails and/or grab bars to staff immediately so they can be addressed.

Director of Support Services will audit all public/common restrooms monthly to ensure required grab bars or hand rails are present at each toilet in each rest room and in good repair. Director will review findings and corrections monthly with Administrator and concerns that do not meet regulatory requirements for resident safety will be immediately addressed by the director.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt* LPA, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt LPA PCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14*
(Date)

Plan of correction implementation status as of *7-2-14*

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

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

CONFIDENTIAL

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WES: REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 1/23/14, there was an unsealed bag of chicken filets in the 6th floor kitchen's mini freezer

On 1/23/14, there was an unsealed bag of rolls in the 6th floor kitchen's walk-in cooler.

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

Unsealed food items were discarded at the time of inspection. *SMP*
7-2-14

Dietary manger or designee provided one on one in-service education for each dietary staff member. All staff were educated and directed to wrap, date, and write name of product on pan/bag/container.

Dietary staff check all coolers 2-3 times each day for dating, wrapping and labeling of stored food items. The dietary supervisors sign off on these food storage checks 3 times daily in main kitchen and 2 times daily in the 6th floor kitchen.

Dietary manger will complete random audits daily for 1 week then 2 times per week for 4 weeks and then weekly for 3 months. Manger will review all audit findings with Administrator and incorrectly stored food items will be corrected immediately upon discovery.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristen Luckhaupt LPN, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristen Luckhaupt LPN, RCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14* (Date)

Plan of correction implementation status as of *7-2-14* (Date)

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

- Fully implemented
- Partly implemented - Adequate Progress *SMP*
- Partly implemented - Inadequate Progress
- Not implemented

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record, for the drills conducted on the following dates, does not include the amount of time it took for evacuation
*8/12/13 at 5:13 a.m.
*9/19/13 at 2:36 a.m.

No other fire drills were conducted during these 2 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.

Fire drills were held on the above listed dates however, they were completed in areas that were not resident living or care areas. Thus there were no residents to evacuate during the drill and the documentation of "0" minutes to evacuate was noted on the drill log.

Administrator reviewed regulations and education provided to Director of Support Services on fire drills. Updated fire drill log was implemented 2/1/14.

Revised fire drill process implemented 2/1/14. Fire drills are no longer held in conjunction with Skilled Nursing Facility (which is located in the same physical structure). The Personal Care Home completes independent monthly fire drills to ensure evaluation of staff and resident compliance with fire safety regulatory requirements and opportunity to practice safe evacuation from the building. Revised process also includes resident participation in evacuation during each fire drill in the Home.

Administrator and director review fire drill log after each drill to ensure compliance of residents and staff and completion of revised fire drill log correctly. Any educational needs are addressed with both residents and staff and documented on the log and education records and other findings are addressed immediately by the director.

Fire drills were held in February, March, April, May and June. All of these drills we documented, to include the amount of time it took for evacuation, on the home's fire drill record. SMP 7-2-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristin Luckhaupt LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristin Luckhaupt LPN, PCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14* (Date)

Plan of correction implementation status as of *7-2-14* (Date)

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

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

Violation Report: 42949 - 01/23/2014 - Mazza, Lany
PCH Name: CANTERBURY PLACE

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

2a. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on 12/23/13 at 6:07 a.m.

WEST REGIONAL OFFICE
Human Services Training

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.

Fire drills were held on the above listed dates however, they were completed in areas that were not resident living or care areas. Thus there were no residents to evacuate during the drill.

Administrator reviewed regulations and education provided to Director of Support Services on fire drills. Updated fire drill log was implemented 2/1/14. Director is aware that regulatory requirement is to complete fire drills during the sleeping hours at least every 6 months and that resident care and living areas should be the focus of the drills.

Revised fire drill process implemented 2/1/14. Fire drills are no longer held in conjunction with Skilled Nursing Facility (which is located in the same physical structure). The Personal Care Home completes independent monthly fire drills to ensure evaluation of staff and resident compliance with fire safety regulatory requirements and opportunity to practice safe evacuation from the building. Revised process also includes resident participation in evacuation during each fire drill in the Home. Fire drills will be completed during the sleeping hours in resident care and living areas every 6 months and observation documented.

Administrator and director review fire drill log after each drill to ensure compliance of residents and staff and completion of revised fire drill log correctly. Any educational needs are addressed with both residents and staff and documented on the log and education records and other findings are addressed immediately by the director.

A sleeping hours fire drill was conducted on MARCH 3, 2014 at 2:19 a.m. SMP 7-2-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristi Buckhaupt (P.N.), PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Buckhaupt, P.N., PCHA Date 05/13/14

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

The above plan of correction is approved as of 7-2-14 (Date)

Plan of correction implementation status as of 7-2-14

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

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

RECEIVED

MAY 14 2014

WEST VIRGINIA STATE BOARD OF LICENSING
Human Services Licensing

Page 2

Violation Report: 42949 - 01/23/2014 - Mazza, Lany
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The following were observed on 1/24/14:

Resident #5 is prescribed, "Senna S-Take 1 tablet by mouth daily except 3 hoursday nights" however the pharmacy label for the medication states, "Senna S-Take 1 tablet by mouth once daily"

Resident #6 is prescribed, "Advair-500/50mg-Use 1 inhalation by mouth 2 times a day." The medication present did not have a pharmacy label attached.

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

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

Resident #5 medication administration instructions were immediately clarified upon discovery and change of administration direction was added to the medication label was placed on the medication.

Resident #6 medication was immediately discarded upon discovery and re-ordered from pharmacy. When medication was delivered for resident, it was maintained in the box with the original pharmacy label.

Medication cart audit was completed by Rx Partners Pharmacy consultant on 3/14/14. Report of audit findings was received 3/17/14. All medication labeling and storage corrections needed were made immediately.

Director of Resident Care or designee will complete a medication cart audit 2 times each month for 3 months and then monthly to monitor for medication labeling, storage and administration instructions that are accurate and per regulatory requirements. Rx Partners Pharmacy consultant will complete medication cart audits quarterly and submit findings reports to the Administrator for review. Any corrections required will be made immediately.

page 2

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristan Luckhaupt-LCW, RCHA</i>
--	------------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristan Luckhaupt-LCW, RCHA</i>	<i>5/19/14</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-2-14
(Date)

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

Plan of correction implementation status as of 7-2-14
(Date)

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

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that include following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued
- (4) The prescribed dosage and instructions for administration
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The following were observed on 1/24/14:

Resident #5 is prescribed, "Senna S-Take 1 tablet by mouth daily except Thursday nights." However, the pharmacy label for medication states, "Senna S-Take 1 tablet by mouth once daily."

Resident #6 is prescribed, "Advair-500/50mg-Use 1 Inhalation by mouth 2 times a day." The medication present did not have pharmacy label attached.

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.

Director of Resident Care or designee will complete a staff re-training program and 1 on 1 training related to medication administration process and procedures to all facility LPN and Med Techs by 6/30/14. Education includes correct way to administer medication, store medication, required information on medication labels, documenting administration of medication, and documentation when medication is not administered. Prior to administering medication, all staff must have successfully completed viewing all training videos, learner workbook, competency demonstrations, final exam scoring a minimum of 45 out of 50 correct, and observations. New hires will complete training as part of their orientation process. In the interim to the completion of training, medication carts will be monitored by the Director of Resident Care and medication administration pass audits will be completed weekly on a random staff selection to assure safety.

Administrator or designee will complete monthly MAR reviews with all LPN and Med Techs for 3 months then quarterly.

Administrator or designee will complete medication administration observations with all LPN and Med Techs 2 times per month for 3 months and then monthly.

page 2 of 2

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristin Luckhaupt LPN, PCHA</i>
--	------------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristin Luckhaupt LPN, PCHA</i>	<i>5/13/14</i>

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

The above plan of correction is approved as of *7-2-14*
(Date)

Plan of correction implementation status as of *7-2-14*

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

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

RECEIVED

MAY 13 2014

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 42849 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

1. REGULATION 66 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

On 1/10/14, resident #4 had a medication change by the prescriber to: "Carbidopa-Levodopa-25/100 mg-Take 1/2 tablet by mouth daily at 6:00 a.m. and 12:00 p.m. Can add a 3rd dose as needed at 10:00 a.m. or 6:00 p.m." The home uses a multi pill bag dispensing system. On 1/24/14, the medication was present in pill bags to be dispensed at: 6:00 a.m.; 9:00 a.m.; 12:00 p.m. and 6 p.m.; however, the medication is not currently prescribed to be administered at 9:00 a.m. or 6:00 p.m.

On 1/24/14, the following prescribed medications for resident #7 were not available in the home

- *MOM-Take 30 ml by mouth as needed
- *Miralax-Mix 1 capsule (17 gm) into 8 oz. liquid and take by mouth daily as needed
- *Senna-8.6mg-Take 2 tablets by mouth at bedtime as needed

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

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

Resident #4 medication packages were immediately removed from cart upon discovery. RX Partners Pharmacy notified of packaging error. Facility requested medication be removed for multi dose packs and packaged in individual blister cards.

Resident #7 PRN medications were immediately ordered from pharmacy and available for resident by end of day.

Audit of all medication carts completed on 1/27/14. Any resident medication needed was ordered from pharmacy immediately and available for the residents by end of day.

Medication cart audit was completed by Rx Partners Pharmacy consultant on 3/14/14. Report of audit findings received 3/17/14. All recommended changes were made immediately.

Director of Resident Care or designee will complete medication cart audits 2 times each month for 3 months then monthly. Rx Partners Pharmacy consultant will complete medication cart audits quarterly and submit findings report to administrator for review. Any recommendations will be addressed immediately.

page 1 of 1

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt LCN, RCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaupt LCN, RCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14*
(Date)

Plan of correction implementation status as of *7-2-14*
(Date)

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

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

CONFIDENTIAL

Violation Report: 42949 - 01/23/2014 - Mazza, Tony
PCH Name: CANTERBURY PLACE

WEST HEGAN PUBLIC OFFICE
Human Services Licensing

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

On 1/10/14, resident #4 had a medication change by the prescriber to: "Carbidopa-Levodopa-25/100 mg Take 1/2 tablet by mouth daily at 6:00 a.m. and 12:00 p.m. Can add a 3rd dose as needed at 10:00 a.m. or 6:00 p.m." The home uses a multi pill bag dispensing system. On 1/24/14, the medication was present in pill bags to be dispensed at: 6:00 a.m., 9:00 a.m., 12:00 p.m. and p.m.; however, the medication is not currently prescribed to be administered at 9:00 a.m. or 6:00 p.m.

On 1/24/14, the following prescribed medications for resident #7 were not available in the home.

- *MOM-Take 30 ml by mouth as needed
- *Miralax-Mix 1 capsule (17 gm) into 8 oz. liquid and take by mouth daily as needed
- *Senna-8.6mg-Take 2 tablets by mouth at bedtime as needed

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.

Director of Resident Care or designee will complete a staff re-training program and 1 on 1 training related to medication administration process and procedures to all facility LPN and Med Techs by 6/30/14. Education includes correct way to administer medication, store medication, required information on medication labels, documenting administration of medication, and documentation when medication is not administered. Prior to administering medication, all staff must have successfully completed viewing all training videos, learner workbook, competency demonstrations, final exam scoring a minimum of 45 out of 50 correct, and observations. New hires will complete training as part of their orientation process. In the interim to the completion of training, medication carts will be monitored by the Director of Resident Care and medication administration pass audits will be completed weekly on a random staff selection to assure safety.

Administrator or designee will complete monthly MAR reviews with all LPN and Med Techs for 3 months then quarterly.

Administrator or designee will complete medication administration observations with all LPN and Med Techs 2 times per month for 3 months then monthly.

page 2 of 2

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt LPN, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt LPN, PCHA Date 5/13/14

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

The above plan of correction is approved as of 7-2-14 (Date)

Plan of correction implementation status as of 7-2-14 (Date)

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

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

Violation Report: 42849 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

MAY 2014
WEST MEDICAL SERVICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed, "Orneprazole-20mg-Take 1 capsule by mouth daily." According to the January 2014 MAR, the doses on 1/19/14 and 1/20/14 at 7:00 a.m. were initialed by staff member "L" and circled. No notations were indicated on the back of the MAR so it is unable to be determined if the medication was administered. Also, staff member "L" was not indicated on the MAR's master key, located in the front of the MAR book.

The January 2014 medication administration record (MAR) for resident #4 does not include a purpose or diagnosis for the following medications:

- *Amantadine-100mg
- *Vitamin D3-1,000 IU
- *Carbidopa-Levodopa-25/100 mg
- *Balmex

The January 2014 MAR for resident #5 does not include a purpose or diagnosis for the following medications:

- *Morphine Sul Sol-20 mg/ml
- *Senna S
- *Dulcolax Suppository-10 mg

Resident #5 is prescribed, "Senna S-Take 1 tablet by mouth daily except Thursday nights" The January 2014 MAR does not include dosage for this medication.

Resident #5 is prescribed, "Morphine Sul Sol-20 mg/ml-Give 10 mg (0.5 ml) every 6 hours routine." The January 2014 MAR does not include the route of administration for this medication.

The January 2014 MAR for resident #6 does not include a purpose or diagnosis for the following medications:

- *Finasteride-5 mg
- *Furosemide-20 mg

Resident #7 is prescribed, "Ipratropium Br-0.06% nasal spray-Use 1 spray in each nostril every 6 hours as needed." This medication is not indicated on the resident's January 2014 MAR.

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 POC.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristin Luckhaupt</i> CN PCHA
--	----------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kristin Luckhaupt	5/13/14

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

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600

2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re natu (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED
MAY 13 2014
WEST HEGGON COUNTY
Human Services - Franklin

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

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

Kristin Luckhaupt LPN, PCHA 5/13/14
KRISTIN LUCKHAUPT LPN, PCHA

05/15/14

MAY 15 2014

Wisconsin Regional Office
Human Services Licensing

POC for violation 2600.187(a)

187(a)

All incomplete Medication Administration Records (MARs) for residents were immediately corrected upon discovery to add purpose/diagnosis, dosage, and route.

Medications for resident #5 were clarified with the ordering physician to obtain a dosage and route of administration for the medication. MAR was immediately updated to reflect clarification.

Medication for resident #7 had not been transcribed to the MAR due to the resident's refusal of the nasal spray and it was no longer being used. Physician was notified and discontinuation order was obtained.

All MAR's were audited for the required information about the medications that had been ordered for the residents. Missed resident diagnoses for ordered medications were added immediately upon discovery and pharmacy received the corrections. MAR's were 100% in compliance by 3/15/14

Director of Resident Care or designee will audit all resident MAR's 2 times per week and then monthly. Director of Resident Care will follow up on the correction of any findings immediately discovery during the audits.

4/11/14 facility implemented physician a revised physician order recap process. Charge LPN will complete physician order recap for all residents on a quarterly basis. Completed recaps will be signed by LPN and faxed to physician for review. Physician will return signed recap, LPN will make any corrections as needed and fax signed copy to pharmacy. Copy of completed physician order recap will be maintained in resident chart under physician orders tab. Director of Resident Care or designee will audit quarterly schedule monthly to ensure completion.

Master log will contain all staff signatures by 5/5/14. Master log will be maintained in front of MAR. Director of Resident Care or designee will audit master log sheet monthly to ensure accuracy. Updates will be made as needed.

Director of Resident Care or designee will complete a staff re-training program and 1 on 1 training related to medication administration process and procedures to all facility LPN and Med Techs by 6/30/14. Education includes correct way to administer medication, store medication, required information on medication labels, documenting administration of medication, and documentation when medication is not administered. Prior to administering medication, all staff must have successfully completed viewing all training videos, learner workbook, competency demonstrations, final exam scoring a minimum of 45 out of 50 correct, and observations. New hires will complete training as part of their orientation process. In the interim to the completion of training, medication carts will be monitored by the Director of Resident Care and medication administration pass audits will be completed weekly on a random staff selection to assure safety.

Administrator or designee will complete monthly MAR reviews with all LPN and Med Techs for 3 months then quarterly.

Administrator or designee will complete medication administration observations with all LPN and Med Techs 2 times a month for 3 months then monthly.

Krista Buckaupt LPN PCHA

Susie Pollock (smp) 7-2-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

PCCH

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WELLS RICHMOND BANK
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - This 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

According to Resident #3's January 2014 MAR, the following medications were not initiated as administered on 1/20/14 at 8:00:
*Aspirin-81mg
*Atenolol-25 mg

Resident #3 is prescribed, "Omeprazole-20mg-Take 1 capsule by mouth daily." According to the January 2014 MAR, the doses 1/19/14 and 1/20/14 at 7:00 a.m. were initiated by staff member "L" and circled. No notations were indicated on the back of the MAR so it is unable to be determined if the medication was administered. Also, staff member "C" was not indicated on the MAR's medication key, located in the front of the MAR book.

Resident #4 is prescribed, "Balmex-Apply to buttocks once daily." The resident often refuses this medication; however, the January 2014 MAR is blank for the following days and does not indicate if resident refused: 1/5/14, 1/7/14, 1/8/14, 1/14/14, 1/18/14, 1/21/14.

Resident #5 is prescribed, "Morphine Sul Sol: 20 mg/ml (conc. 10 mg (0.5 ml) every 6 hours as directed." According to the January 2014 MAR, this medication was not initiated as administered on 1/5/14 at 1:00 a.m.

Resident #5 is prescribed, "Senna S-Take 1 tablet by mouth daily except Thursday nights." The January 2014 does not include staff administering the medication on the following occasions, which were not Thursday nights:

- *1/8/14
- *1/10/14
- *1/12/14
- *1/15/14
- *1/20/14

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

Director of Resident Care or designee will audit all resident MAR's 2 times per week and then monthly. Director of Resident Care will follow up on the correction of any findings immediately discovered during the audits.

4/11/14 facility implemented physician a revised physician order recap process. Charge LPN will complete physician order recap for all residents on a quarterly basis. Completed recaps will be signed by LPN and faxed to physician for review. Physician will return signed recap, LPN will make any corrections as needed and fax signed copy to pharmacy. Copy of completed physician order recap will be maintained in resident chart under physician orders tab. Director of Resident Care or designee will audit quarterly schedule monthly to ensure completion. Master log will contain all staff signatures by 5/5/14. Master log will be maintained in front of MAR. DRC or designee will audit master log sheet monthly to ensure accuracy. Updates will be made as needed.

Director of Resident Care or designee will complete a staff re-training program and 1 on 1 training related to medication administration process and procedures to all facility LPN and Med Techs by 6/30/14. Education includes correct way to administer medication, store medication, required information on medication labels, POC's

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaup LPN, RCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Luckhaup LPN, RCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14*
(Date)

Plan of correction implementation status as of *7-2-14*
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *SNP*
- Partially Implemented - In-adequate Progress
- Not Implemented

RECEIVED

MAY 2014

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services - Licensing

1. REGULATION 56 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 administered.

2a. DESCRIPTION OF VIOLATION

According to Resident #3's January 2014 MAR, the following medications were not initiated as administered on 1/20/14 at 8:00
*Aspirin-81mg
*Atenolol-25 mg

Resident #3 is prescribed, "Omeprazole-20mg-Take 1 capsule by mouth daily." According to the January 2014 MAR, the doses 1/19/14 and 1/20/14 at 7:00 a.m. were initiated by staff member "L" and circled. No notations were indicated on the back of the MAR so it is unable to be determined if the medication was administered. Also, staff member "L" was not indicated on the MAR's name key, located in the front of the MAR book.

Resident #4 is prescribed, "Balmex-Apply to buttocks once daily." The resident often refuses this medication; however, the January 2014 MAR is blank for the following days and does not indicate if resident refused: 1/1/14-1/7/14; 1/9/14-1/14/14; 1/18/14-1/19/14; 1/21/14.

Resident #5 is prescribed, "Morphine Sul Sol-20 mg/ml-Give 10 mg (0.5 ml) every 6 hours routine." According to the January 2014 MAR, this medication was not initiated as administered on 1/6/14 at 1:00 a.m.

Resident #5 is prescribed, "Senna S-Take 1 tablet by mouth daily except Thursday nights." The January 2014 does not include the name of staff administering the medication on the following occasions, which were not Thursday nights:
*1/8/14
*1/10/14
*1/12/14
*1/15/14
*1/20/14

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.

documenting administration of medication, and documentation when medication is not administered. Prior to administering medication, all staff must have successfully completed viewing all training videos, learner workbook, competency demonstrations, final exam scoring a minimum of 45 out of 50 correct, and observations. New hires will complete training as part of their orientation process. In the interim to the completion of training, medication carts will be monitored by the Director of Resident Care and medication administration pass audits will be completed weekly on a random staff selection to assure safety. Administrator or designee will complete monthly MAR reviews with all LPN and Med Techs for 3 months then quarterly. Administrator or designee will complete medication administration observations with all LPN and Med Techs 2 times a month for 3 months then monthly.

Page 2 of 2

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kevin Luckhurst LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin Luckhurst LPN, PCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14* (Date)

Plan of correction implementation status as of *7-2-14* (Date)

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

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

Violation Report: 42949 - 01/23/2014 - Mazza, Lony
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed blood pressure checks 2 times daily (8:00 a.m. - 8:00 p.m.) prior to medication administration. The resident's blood pressure was not checked at 8:00 p.m. on the following occasions:

- *1/10/14
- *1/15/14
- *1/22/14.

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

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

Resident #5 no longer resides in the home. SMP 7-2-14

Director of Resident Care or designee will audit all resident MAR's 2 times per week and then monthly. Director of Resident Care will follow up on the correction of any findings immediately discovery during the audits.

4/11/14 facility implemented physician a revised physician order recap process. Charge LPN will complete physician order recap for all residents on a quarterly basis. Completed recaps will be signed by LPN and faxed to physician for review. Physician will return signed recap, LPN will make any corrections as needed and fax signed copy to pharmacy. Copy of completed physician order recap will be maintained in resident chart under physician orders tab. Director of Resident Care or designee will audit quarterly schedule monthly to ensure completion.

Master log will contain all staff signatures by 5/5/14. Master log will be maintained in front of MAR. Director of Resident Care or designee will audit master log sheet monthly to ensure accuracy. Updates will be made as needed.

page 1 of 2

Repeat Violation: Yes | Date(s) of Previous Violation(s): 02/04/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Kristin Luckhough LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristin Luckhough LPN PCHA* | Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14* (Date)

Plan of correction implementation status as of *7-2-14* (Date)

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

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

WEST REGIONAL OFFICE
Human Services Learning

Violation Report: 42948 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Learning

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed blood pressure checks 2 times daily (8:00 a.m. - 8:00 p.m.) prior to medication administration. The resident's blood pressure was not checked at 8:00 p.m. on the following occasions:

- *1/10/14
- *1/15/14
- *1/22/14.

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.

Director of Resident Care or designee will complete a staff re-training program and 1 on 1 training related to medication administration process and procedures to all facility LPN and Med Techs by 6/30/14. Education includes correct way to administer medication, store medication, required information on medication labels, documenting administration of medication, and documentation when medication is not administered. Prior to administering medication, all staff must have successfully completed viewing all training videos, learner workbook, competency demonstrations, final exam scoring a minimum of 45 out of 50 correct, and observations. New hires will complete training as part of their orientation process. In the interim to the completion of training, medication carts will be monitored by the Director of Resident Care and medication administration pass audits will be completed weekly on a random staff selection to assure safety.

Administrator or designee will complete monthly MAR reviews with all LPN and Med Techs for 3 months then quarterly.

Administrator or designee will complete medication administration observations with all LPN and Med Techs 2 times a month for 3 month then monthly.

page 2 of 2

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/04/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Wickhaup* LPN, RCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Wickhaup, LPN, RCHA* Date *5/13/14*

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

The above plan of correction is approved as of *7-2-14*
(Date)

Plan of correct or implementation status as of *7-2-14*
(Date)

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

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

RECEIVED

MAY 13 2014

Page 1

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST VIRGINIA DEPARTMENT OF
Human Services TRAINING

1. REGULATION 56 Pa.Code §2800
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 assessment for resident #2 was completed on 12/13/13; however, the resident was not admitted to the home until 12/11/13

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.

Initial assessment for resident #2 was completed after the resident's admission to the home. Transcription error occurred with the date documented on the assessment. Date documented on the assessment was corrected immediately upon discovery and determination that assessment was completed timely and currently states the actual completion date of 12/16/13.
A Tracker has been implemented to monitor all resident admission dates and assessment due dates to provide opportunity to check the documented assessment dates against during an audit.
Director of Resident Care or designee will audit monthly to ensure assessments are being completed within the required timeframe.

Violation Withdrawn SEP 7 2014

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Wickhamat LPA, PCHL*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KRISTIN WICKHAMAT LPA PCHL* Date *5/13/14*

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

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

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

Plan of correction implementation status as of _____ (Date)

Fully implemented
 Partially implemented - Adequate Progress
 Partially implemented - Inadequate Progress
 Not implemented

RECEIVED

MAY 14 2014

Page 1

Violation Report: 42949 - 01/23/2014 - Mazza, Larry
PCH Name: CANTERBURY PLACE

WEST REGIONAL SERVICE
Human Services

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

The support plan for resident #2 was completed on 12/8/13; however, the resident was not admitted to the home until 12/11/13

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.

Initial support plan for resident #2 was completed after the resident's admission to the home.

Transcription error occurred with the date documented on the support plan. Date documented on the support plan was corrected immediately upon discovery and determination that support plan was completed timely and currently states the actual completion date of 12/16/13.

A Tracker has been implemented to monitor all resident admission dates and support plan due dates to provide opportunity to check the documented support plan dates against during an audit.

Director of Resident Care or designee will audit monthly to ensure support plans are being completed within the required timeframe.

Violation Withdrawn SMC 7-2-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Wickhampt LPA, RCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Wickhampt LPA, RCHA* Date *5/13/14*

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

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

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

- Plan of correction implementation status as of _____
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented