



JUN 05 2014

Ms. Lori White-Harvey, Director of Residential Services
Cathedral Village
Buildings A-L, 602 and 604
600 East Cathedral Road
Philadelphia, Pennsylvania 19128

RE: Cathedral Village
License #: 129530

Dear Ms. White-Harvey:

As a result of the Department of Public Welfare's licensing inspection on February 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 3, 2014 to June 3, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.6(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 2/24/2014, 2/25/2014, 2/27/2014, and 3/5/2014, the Department requested access to documentation of Staff Member B's successful completion of the Medication Administration Training Program and the documentation was not provided.
 On 2/27/2014 and 3/5/2014 the Department requested access to the Train the Trainer certificate for Staff Member C and it was not provided.

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.

Violation: Requested documentation was not provided.

POC: Any records required by surveyors from DPW will be provided in a more timely manner.

Train the Trainer certificate and MAT program for Staff Member B is attached.

See attachment 1 and 1a.

The administrator or designee will provide representatives of the Department with records upon request and will train administrative staff on the importance of providing any requested documentation timely to the Department within 10 days of receipt of this plan of correction. *(Signature)*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lisa A. Howard Director of Personnel Date 3/28/14

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

The above plan of correction is approved as of <u>4/10/14</u> (Date)	Plan of correction implementation status as of <u>4/10/14</u> (Date)
The above plan of correction was approved by <i>(Signature)</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer PCH Name: CATHEDRAL VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Staff Member A did not receive the required 12 hours of annual training in training year 2013. They received only 9 hours, 50 minutes of training. Staff Member B did not receive the required 12 hours of annual training in training year 2013. They received only 11 hours, 20 minutes of training.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Violation: DCS persons A and B did not receive 12 hours of training in 2013.	
POC: Annual training has been put in place with Core Training which will provide the 12 hours required. Staff persons will attend Core Orientation on:	
Staff person A and B: Both will attend on 3/24 and 3/26/2014.	
See attachment 2 and 2a.	
The administrator or designee will audit all staff training records to determine if all staff have received the required training and an audit tool to track staff training hours will be developed within 30 days of receipt of this plan of correction.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/14/2012
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lisa A. Howard</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa A. Howard Director of Personal Care	Date 3/28/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>4/12/14</i> (Date)	Plan of correction implementation status as of <i>4/12/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

A bottle of Turbo Chef Cleaner, 1.1 quart, with manufacturer's label indicating "Ingestion: Obtain Medical Attention," was stored in a cabinet with food items in the hot side cafe kitchen.

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

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

Violation: Poisonous material stored in a cabinet with food items.

POC: All applicable dining staff will be inserviced by 4/4/2014 to ensure chemicals are stored properly.

Director of Dining Services and Service Manager will monitor to assure compliance, on a weekly basis starting within 10 days of receipt of this plan of correction.

- 1) Ensure safety
- 2) Food stored & poisons
- 3) ~~maned~~ inserviced staff
- 4) Audit tool - quarterly / twice year training
- 5) Audit tool - prevent further problems
- 6) Director of Dining Service

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa A. Howard Director of Personal Care	Date 3/28/14
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Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.86(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the cold side cafe kitchen does not have a lid.

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.

Violation: Trash can on cold side of Cafe does not have a lid.

POC: A new trash can lid will be purchased for the can by 4/15/2014.

Director of Dining Services and Service Manager will monitor to assure compliance, on a weekly basis starting within 10 days of receipt of this plan of correction. (S)

- 1) Prevent spread of infection.
- 2) No lid on trash can
- 3) " " " "
- 4) New lids + teaching staff
- 5) Monitor trash can lids - Service manager + director of D.S
6. Director of D.S - Audit tool

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal-Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lisa A. Howard Director of Personal Care Date 3/28/14

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

The above plan of correction is approved as of 4/19/14
 (Date)

Plan of correction implementation status as of 4/10/14
 (Date)

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

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

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

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

The living room telephone in Resident apartment D315 does not have emergency service numbers posted nearby.

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.

Violation: Telephone in D-315 did not have emergency numbers posted nearby.

POC: All residents on PC will have numbers posted on all phones in apartment. (DONE)

DCS will check weekly and document in ECS (Electronic Charting System) MAR.

See attachment 3.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/14/2012	03/01/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard Director of Personal Care* Date *3/26/14*

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

The above plan of correction is approved as of *4/10/14*
 (Date)

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

Plan of correction implementation status as of *4/10/14*
 (Date)

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

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.106 - If a home operates a swimming area, the following requirements apply:
 (1) Swimming areas shall be operated in accordance with applicable laws and regulations.
 (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

2a. DESCRIPTION OF VIOLATION
 The home implements the use of a "buddy system" but it is not indicated in the Swimming Pool Policy.

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.

Violation: The "buddy system" is not noted in the Swimming Pool Policy.

POC: The Policy has been revised to include the "buddy system". Director of Fitness and Security will monitor to assure compliance.

See attachment 4.

The administrator will conduct a training, on the revised swimming pool policy, to all STAFF within 30 days of receipt of this plan of correction.

Needs training (Kevin)

- 1) Ensure safety + well being of all res.
- 2) Buddy system not noted in policy
- 3) Buddy System not clearly stated in policy
- 4) New Policy for Buddy System
- 5) Review on annual basis
- 6) Fitness Director + Director of Res. Services + Security
 Announced Inservice of fitness staff + Core training (30 day)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa A. Howard Director of Personal Care | Date 3/28/14

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

The above plan of correction is approved as of 4/10/14
 (Date)

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

Plan of correction implementation status as of 4/10/14
 (Date)

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

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 56 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have a 2013 fire safety letter.

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.

Violation: Facility does not have 2013 fire safety letter.

POC: 2013 fire safety letter was updated and is on file. Director of Plant Services will monitor to assure compliance.

See attachment 5 and 5a.

The Plant Manager will schedule the annual fire safety inspection 30 days prior to the annual due date to ensure that a fire safety letter is received by the due date each year, 2/25/14.

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) Lisa A. Howard Director of Personal Care	Date 3/28/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/10/14
 (Date)

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

Plan of correction implementation status as of 4/10/14
 (Date)

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

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 68 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Building B used only "A Ramp" during fire drills from 1/29/2013 through 12/31/2013. Other exit routes were not utilized.

Building L used only "C Building" during fire drills from 1/29/2013 through 12/31/2013. Other exit routes were not utilized.

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.

Violation: Buildings B and L use same fire exit route during fire drills.

POC: We will alternate fire exit routes used during drills and will include documentation on form.

Director of Plant Services will monitor to assure compliance AND will conduct a second drill in the month that alternative exits were not utilized. Documentation of all drills will be maintained, starting within 10 days of receipt of this plan of correction.

The administrator or fire safety expert will conduct a training on the importance of using alternative exits during fire drills to ALL STAFF within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lisa A. Howard Director of Personal Care* Date *3/26/14*

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12953 - 02/24/2014 - Koelty, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 56 Pa.Code §2600
 2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, during vehicle operations the driver may only use a hands-free cellular telephone.

2a. DESCRIPTION OF VIOLATION
 The home does not have a hands-free cellular phone policy.

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.

Violation: Facility does not have a hands free cell phone policy.
 POC: A Policy was developed to assure compliance.
 See attachment 6.
 The administrator will conduct a training on this updated policy, to all staff who drive the homes vehicles, within 30 days of receipt of this plan of correction. (S)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Craig A. Howard Director of Personnel* Date *3/28/14*

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12953 - 02/24/2014 - Keally, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 On 2/25/2014, Carbamide Peroxide 6.5% solution for Resident # 4 was not in its original container.
 On 2/25/2014, Debrox drops were not in their original container. They were in a plastic bag labeled as Resident # 4's "Nystalin Topical 1000000 units/1 gm powder."

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.

Violation: Prescription medications, OTC medications and CAM were not kept in original containers..

Carbamide Peroxide 6.5% has been corrected and in original container.
 Debrox drops are in original container.

POC: 11 p.m.- 7 a.m. nurse will check all medications to ensure they are correct and in original containers every night.

PC Administrator and Assistant Administrator will monitor to assure compliance, *On a monthly basis starting within 10 days of receipt of this plan of correction.*

Staff will be inserviced by 4/11/2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lissy A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lissy A. Howard Director of Personal Care* Date *3/28/14*

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The above plan of correction is approved as of <i>4/10/14</i> (Date)	Plan of correction implementation status as of <i>4/10/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

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.

2a. DESCRIPTION OF VIOLATION

On 12/25/2014, Baza Protect Skin Protectants Miscellaneous Cream was unlocked and accessible to Resident # 2 in her bathroom. Resident # 2 cannot self administer medications.

On 12/25/2014, Mirafax was unlocked and accessible to Resident # 2 in her bathroom. Resident # 2 cannot self administer medications.

On 12/25/2014, Bacitoban, Mupirocin 2% ointment was unlocked and accessible to Resident # 2 in her bathroom. Resident # 2 cannot self administer medications.

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.

Violation: Prescription medications, OTC medications, CAM were left in resident's apartment.

Primary physician has reviewed medical evaluation and determined resident cannot self administer.

POC: Removed all medications, creams from apartment. Staff will be inserviced on the 6 Rights of Medication Administration by 4/11/2014.

PC Administrator and Assistant Administrator will monitor to assure compliance, on a monthly basis by conducting random room audits starting within 10 days of receipt of this plan of correction. See attachment 7.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Cisa A. Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cisa A. Howard Director of Resident Care* Date *3/26/14*

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

The above plan of correction is approved as of *4/10/14* (Date)

Plan of correction implementation status as of *4/10/14* (Date)

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

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

Violation Report: 12953 - 02/24/2014 - Keoly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 12/25/2014, the medication cart contained Debrox drops that had expired in July 2013.

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

Violation: Medication cart contained a prescription that expired in 7/2013.

Debrox drops were disposed of on February 26, 2014.

POC: 11 p.m. to 7 a.m. nurse will check all OTC and CAM medications for expiration dates and dispose of in a safe manner every night. Staff will be inserviced by 4/11/2014.

PC Administrator and Assistant Administrator will monitor to assure compliance, monthly by conducting random audits of the medication carts, starting within 30 days of receipt of this plan of correction. (S)

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) *Lesia A. Howard Director of Personal Care* Date *3/28/14*

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

The above plan of correction is approved as of 4/10/14
 (Date)

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

Plan of correction implementation status as of 4/10/14
 (Date)

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

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
 (1) Documentation of the receipt of controlled substances and prescription medications.
 (2) A process to investigate and account for missing medications and medication errors.
 (3) Limited access to medication storage areas.
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION
 The Medication Administration Services Policy states, "A written physician's order is not required to administer OTC medications."
 The Medication Refusal Policy states, "Any OTC medication that is refused does not need a refusal report."

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.

Violation: There is a contradiction between the Medication Administration Services Policy and the Medication Refusal Policy.

POC: Policies were reviewed and revised to include OTC medications do not need a refusal report. The statement that a written physician order is not required to administer OTC medication was removed.

See attachment 8 and 8a.

The administrator or designee will conduct a training to all staff that administer medications on the current policy on refusal of medications within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard Director of Personal Care* Date *3/28/14*

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

The above plan of correction is approved as of *5/2/14*
 (Date)

Plan of correction implementation status as of *5/2/14*
 (Date)

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

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

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident # 2 does not include a diagnosis or purpose for Aspirin 81 mg tablet by mouth daily.

The medication administration record for Resident # 2 does not include a strength for Senna Tablet by mouth (2 tablets) two times a day for constipation.

The medication administration record for Resident # 3's Levothyroxine Sodium 88 MCG Tablet by mouth (1 tab) daily 08:00 for hypothyroidism was not initialed on 2/8/2014.

The medication administration record for Resident #3's Calcium V+D 500mg - 200 unit two times per day 08:00 and 20:00 was not initialed for 2/2/2014 at 20:00.

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.

Violation: The MAR did not include a diagnosis/purpose, strength, and was not initialed.
 Resident:

- 2 - Corrected and will be checked by nursing daily also diagnosis was added.
- 2 - Senna strength added and corrected. Will be checked nightly by 11pm to 7am nurse.
- 3 - Levothyroxine diagnosis added and corrected.
- 3 - Not initialed/corrected for 2/2/2014.

POC: All staff will be inserviced by 4/11/2014. Staff to check documentation on every shift.

PC Administrator will monitor to assure compliance, monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lisa A. Howard

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

Lisa A. Howard Director of Personl Care

Date

3/28/14

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The above plan of correction is approved as of

5/2/14
 (Date)

Plan of correction implementation status as of

5/2/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 12953 - 02/24/2014 - Keely, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 2/11/2014 and 2/15/2014, Resident # 2's Polyethylene Glycol 400, 25% solution to eyes (both) t.i.d. 13:00 was administered. The boxes on the medication administration record were left blank.

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.

Violation: On 2/11/2014 and 2/15/2014 eye drops were administered to a resident. Boxes on MAR were left blank.

2a - Eye drops were corrected; daily checks by DCS administering and signing out.

POC: Staff will check documentation on every shift. Staff will be inserviced by 4/11/2014.

PC Administrator and Assistant Administrator will monitor for compliance.

Report Violation: Yes	Date(s) of Previous Violation(s):	12/14/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lisa A. Howard Director of Personal Care Date 3/28/14

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

Plan of correction implementation status as of 5/3/14
 (Date)

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

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

Violation Report: 12963 - 02/24/2014 - Keally, Jennifer
 PCH Name: CATHEDRAL VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 Resident # 2's Polyethylene Glycol 3350 powder, by mouth, 1 capful daily for constipation, was not administered on 2/18/2014, 2/19/2014, 2/20/2014, 2/22/2014, and 2/23/2014 without a physician's order.

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.

Violation: Medication was not administered on five dates as ordered by physician.

2a - Polyethylene powder was checked as a hold of medication and was meant to be refused. Doctor is aware.

POC: Nurse on duty will call doctor for refusal of medication and review with primary doctor to change to prn if resident has multiple refusals. Staff will be inserviced by 4/11/2014.

PC Administrator and Assistant Administrator will monitor for compliance.

Med training

- 1) Physician orders need to be followed
- 2) Med not administered on 5 dates
- 3) Staff did not follow directions of provider
- 4) Inservice of all P.C staff within next 30 days
- 5) Audit tool will be implemented & random ✓ within 10 days
- 6) In 11-7 supervisor will audit MAR. Assistant will complete random checks ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crista Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crista Howard Director of Personal Care* Date *3/28/14*

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

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

Plan of correction implementation status as of *5/2/14* (Date)

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

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 65 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Member B administers medications to residents of the home. According to the Student Examination Data Summary Sheet, Staff Member B was trained by Staff Member C. Documentation that Staff Member C is a certified Train the Trainer was requested by the Department on 2/27/2014 and 3/6/2014 but not provided. Without this documentation the Department cannot determine if Staff Member B has completed appropriate training to administer medications as 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.

Violation: A staff member administers medications to residents in PC. Documentation for staff member responsible for training staff was incomplete.

Appropriate training was completed and documentation is attached for Staff Member B, Staff Member C certified Train the Trainer certificate is attached.

PC Assistant Administrator will monitor for compliance.

See attachment 9.

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY PAGE) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY PAGE) *Lisa A. Howard Director of Personal Care* Date *3/28/14*

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 (Date)

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

Plan of correction implementation status as of *5/2/14*
 (Date)

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- Not Implemented

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's medication administration training record for Staff Member B does not include documentation of successful completion of the 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.

Violation: Medication Administration Training record for Staff Member B is incomplete.

POC: Training record is attached.

PC Assistant Administrator will monitor for compliance.

See attachment 10.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa A. Howard Director of Personal Care* Date *3/19/14*

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 (Date)

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

Plan of correction implementation status as of *5/2/14*
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 12953 - 02/24/2014 - Keelly, Jennifer
 PCH Name: CATHEDRAL VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for Resident # 1, admitted 12/17/2013, was completed on 1/2/2014.

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.

Violation: Initial assessment for Resident #1 admitted on 12/17/2013 and completed on 1/2/2014.
 Assessment date was confirmed, changed and given to inspector. Previous date was written in error.

POC: PC Administrator will ensure DOS is correct and review on RASP with assessor.

See attachment 11.

- 1) Ensures ^{good} initial assessment of resident for good care
- 2) ~~Incorrect date~~ Assessment not done in required amount of time
- 3) No Audit tool to ensure compliance
- 4) Teaching to complete initial assessment in 30 days
- 5) Audit tool + calendar reminders will be put in place.
- 6) Assistant Director of P.C. ~~at~~ random ✓ by Admin.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lisa Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LISA HOWARD Director of Personal Care* Date *3/28/14*

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

Plan of correction implementation status as of *5/2/14* (Date)

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- Partially Implemented - Adequate Progress
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- Not Implemented