



JUN 26 2014

Ms. Karen Gramlich, Administrator
Simpson House
Belmont Avenue and Monument Road
Philadelphia, Pennsylvania 19131

RE: Simpson House
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131
License #: 189210

Dear Ms. Gramlich:

As a result of the Department of Public Welfare's licensing inspection on March 6, 2014, March 7, 2014 and May 30, 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 14, 2014 to June 14, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 65 Pa.Code §2600

2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION

- ✓ On 10/18/13, resident #1 was sent to the hospital after a fall and complaints of chest heaviness. The home submitted an initial incident report on 10/18/13. The home did not submit a final report to the Department.
- ✓ On 10/18/13, resident #2 was sent to the hospital due to a change in mental status. The home submitted an initial incident report on 10/18/13. The home did not submit a final report to the Department.
- ✓ On 10/28/13, resident #3 was sent to the hospital due to a change in speech ability. The home submitted an initial incident report on 10/28/13. The home did not submit a final report to the Department.
- ✓ On 11/27/13, resident #4 was sent to the hospital due to a change in mental status. The home submitted an initial incident report on 11/27/13. The home did not submit a final report to the Department.
- ✓ On 12/22/13, resident #5 was sent to the hospital after a fall. The home submitted an initial incident report on 12/22/13. The home did not submit a final report to the Department.
- ✓ On 1/15/14, resident #6 was sent to the hospital after a fall. The home submitted an initial incident report on 1/15/14. The home did not submit a final report to the Department.
- ✓ On 2/19/14, resident #7 was sent to the hospital after a fall. The home submitted an initial incident report on 12/19/14. The home did not submit a final report to the Department.

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.

2600.16 (d): Resident #'s 1 thru 7 were all updated and info given to substat region same day of inspection. Copies given to survey team 3/7/14 to meet day survey.
- all reportable incidents from 3/6/14 have been prepared and sent to PCU on original format to include all facts and artifacts.
Reportable incidents will be completed by PC admin or assist PC admin in correct format and sent per reg and maintained in PC administration

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
KAREN GRAMMICH			4-7-14

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

The above plan of correction is approved as of <u>5/30/14</u> (Date)	Plan of correction implementation status as of <u>5/30/14</u> (Date)
The above plan of correction was approved by <u>GB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment for Violation # 2600.16(d):

- All Reportable Incidents will be prepared by PC Administrator/Designee per regulation on the DPW approved format and maintained in binder in PC Administration area
- PC Administrator/Designee will be responsible for the reports and proper completion and records keeping

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #8 was not signed by the resident.

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

2600.25(b) - Res # 8 has signed contract per approval of PoA (see attached) and 4/7/2014

- P.C. Admissions Director has been educated on required signatures per regulation on all contracts
- P.C. Administrator will review all new admission contracts for signatures on day of admission.
- Review of P.C. contracts completed and in compliance

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROBIN GRAMLICH* Date *4-7-14*

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The above plan of correction is approved as of <i>4/30/14</i> (Date)	Plan of correction implementation status as of <i>5/30/14</i> (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

Attachment for Violation Report # 2600.25(b):

- PC Administrator/Designee will be responsible to review all admission contracts with the PC Admissions Director at the time of admissions
- PC Administrator/Designee will be responsible to educate/in-service the Admissions Director on any changes or updates from DPW for compliance with regulations

Violation Report: 18921 - 03/06/2014 - McHale, Christine
PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #8's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

2600.41(e) - Upon further research of res #8's adm. record, there was a copy of all resident rights and resident responsibilities signed by resident & PCH on 2/6/14 located on Pg 6 (copies attached)
- HC Admissions Director re-educate on regulation to maintain current format for signatures & copies given to res/PCH as practiced currently. 4/20/14
- HC administrator please Will audit contracts

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Loren Gramlich*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LOREN GRAMLICH* Date *4-7-14*

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The above plan of correction is approved as of *5/30/14*
(Date)

Plan of correction implementation status as of *5/30/14*
(Date)

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

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

Attachment for Violation Report # 2600.41(e):

- PC Administrator/Designee will be responsible that all admission packets contain proper Resident Rights for each admission packet
- Audits of the Admission packet will be conducted monthly by PC Administrator/Designee for compliance
- PC Administrator/Designee will be responsible to educate/in-service the PC Admissions Director on any changes or updates of DPW regulations for compliance

Violation Report: 16921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

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 tool, 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 member A did not receive any of the training required by this regulation in training year 2013.
- Direct care staff member B did not receive any of the training required by this regulation in training year 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.

How. 65 (f) - Staff members A + B have been in-service for all required training # 2, 1, three 7

- Format has been put into place to track all PC staff for required in-service this will be audited by PC administrator/presigner quarterly
- Formatted Binder of all PC staff will be kept in PC administrator's office
- HR Dept has been educated on all required regulations per DPA regulations
- Check list formatted for HR for presentation process and for tracking purposes

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

BARBARA GRAMLICH

Date *4/29/14*

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The above plan of correction is approved as of

6/30/14
 (Date)

Plan of correction implementation status as of

5/30/14
 (Date)

The above plan of correction was approved by

[Handwritten Signature]
 (Initials)

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

Attachment for Violation Report # 2600.65(f):

- PC Administrator/Designee will be responsible to maintain and track all Personal Care Staff and Ancillary staff in-service completion as scheduled monthly
- Attached see copy of form used for tracking staff education

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

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 member A did not receive training in fire safety, emergency preparedness, resident rights and the Older Adult Protective Services Act during training year 2013.

- Direct care staff member B did not receive training in the Older Adult Protective Services Act during training year 2013.

- Ancillary staff member C did not receive training in resident rights and the Older Adult Protective Services Act during training year 2013.

- Ancillary staff member D did not receive training in fire safety, emergency preparedness, resident rights and the Older Adult Protective Services Act during training year 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.

2600.65(g) - Staff members have been in-service or required

- 1. Staff member "A" received training in: Fire safety, emergency preparedness, resident rights, OAPSA*
- 2. Staff member "B" received OAPSA training*
- 3. Staff member "C" received OAPSA training*
- 4. Staff member "D" received Fire safety, emergency preparedness, resident rights and OAPSA 4/29/14 RB*

- All reports have been turned into a binder for tracking all training required by DPA, PC Administrative personnel will admit this quarterly

- Training binder will be kept in PC Administrative office

- All staff has been educated on all required in-service per DPA regulations

- All staff has been educated for HR for orientation process and tracking

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 01/17/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRAMLICH* Date *4/29/14*

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The above plan of correction is approved as of *5/30/14* (Date)

Plan of correction Implementation status as of *5/30/14* (Date)

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

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

Attachment for Violation Report # 2600.65(f):

- PC Administrator/Designee will be responsible to maintain and track all Personal Care Staff and Ancillary staff in-service completion as scheduled monthly
- Attached see copy of form used for tracking staff education

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures were not submitted to the local emergency management agency in 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.

2600.107 (d) Corporate Facility Manager could not locate Emergency Procedure that was sent to Phila Emergency Management Agency Jan 2013. This was an oversight by manager of Jan 2013. Plan not filed - The 2014 plan was sent to Phila in Feb 2014
 - Facility manager will track who procedures are sent to Phila Dept of Emergency Management for compliance
 - Facility manager will maintain record of compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRAMICH* Date *4/30/14*

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The above plan of correction is approved as of *5/1/14* (Date)
 The above plan of correction was approved by *[Handwritten Initials]* (Initials)

Plan of correction implementation status as of *4/30/14* (Date)

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

Attachment for Violation Report # 2600.107(d):

- **PC Administrator/Designee will be responsible to receive a copy of the Emergency Procedure that is sent to the Emergency Management Agency from the Corporate Facility Manager annually**

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #9 was admitted on 7/16/13. The resident's medical evaluation was completed on 1/10/14.

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.

2600.141(a)(1) - Res #9 had outside physician who did not return DME to facility after multiple calls for supplies. Family requested a change in physicians but had insurance restrictions and required enrollment date. During that time the oversight of DME completion was forgotten by PC administrator/designee.

- 1) - All DME's will be completed prior to admission for all residents maintaining outside physicians
- 2) - All annual DME for outside physicians will be sent 2 weeks prior to date needed.
- 3) - If annual DME is not returned by required date, Grouped Home medical director will call attending and complete form
- 4) - Res #9 did have physician change and DME completed
- 5) - Audits of DME dates will be conducted quarterly by PC administrator/designee

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRANLICH* Date *4/7/14*

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The above plan of correction is approved as of *4/20/14* (Date)

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

Plan of correction implementation status as of *5/20/14* (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Attachment for Violation Report # 2600.185(a):

- PC Administrator/Designee will be responsible to have audits of all medication carts completed weekly for compliance and audits maintained by PC Administrator/Designee
- Attached are samples of audits in progress for compliance

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

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

- Resident #9 has an order for Acetaminophen 325 mg as needed. This medication was not present in the home.
- Resident #10 has an order for Tramadol 50 mg as needed. This medication was not present in the home.
- Resident #11 has an order for Acetaminophen 325 mg as needed. This medication was not present in the home.

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

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

*1600.185(a) - Res #9, 10 & 11 received delivery of medications at ordered time day as ordered.
 (See attached delivery slips)*

- PC Nurse Supervisor re-educated on medication cart audits weekly
- DCS re-educated to inform nurse for re-order needs of PRN meds, liquids, drops for compliance of physician orders 4/30/14
- Weekly medication audits to be conducted by PC Nurse Supervisor
- Corrections to be addressed at the time of audit

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

ALEX GRAMICH

Date

4-7-14

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The above plan of correction is approved as of

5/30/14
 (Date)

Plan of correction implementation status as of

5/30/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

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 #8 does not include a diagnosis or purpose for Diltiazem ER 240 mg, Aspirin 81 mg, Spiriva Handihaler, and Vitamin D3.

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.

2600.187(a) - Res # 8 diagnosis list was added to the MAR on 3/7/14 post inspection completion

- Pharmacy audit conducted for all PC residents
- MARs for diagnosis/medication compliance
- all MARs updated for all current diagnosis & medications
- All PC nurses to be trained on adding diagnoses when entering medication orders
- Audit of MARs by pharmacy will be conducted quarterly and reported to PC administrator/manager

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date 4-7-14

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The above plan of correction is approved as of 5/20/14 (Date)

Plan of correction implementation status as of 5/30/14 (Date)

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

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

Attachment for Violation Report # 2600.187(a):

- PC Administrator/Designee will be responsible to audit diagnosis list for MAR's monthly
- PC Administrator/Designee will have pharmacy audit MAR's quarterly for diagnosis and report any non-compliance to PC Administration

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #8 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

2600.191 - Res # 8 did receive & sign copy of resident rights signed 4/26/14 by res & POA. Same as violation # 2600.41(e) I have attached all copies
- PC admissions director re-educated on regulation to maintain current format. All signatures & copies provided to res # 8 as currently practiced

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JACOB GRAMLICH* Date *4-7-14*

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

The above plan of correction is approved as of *5/30/14*
 (Date)

Plan of correction implementation status as of *5/30/14*
 (Date)

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

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

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's current written description of services and activities at the home does not include the home's criteria for admission and discharge and specific services that the home does not provide but will arrange or coordinate.

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.

2600.223(a) - Description of Services and activities completed
(see attached)
- Criteria for Admission and discharge completed
(see attached)
- Criteria for both Admission and discharge will be reviewed annually for any needed changes or updates and approved by Executive Director

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

Signature of Legal Entity Representative (Required on EVERY Page) *Loren Gramlich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LOREN GRAMLICH* Date *7/29/14*

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The above plan of correction is approved as of *5/30/14*
(Date)

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

Plan of correction implementation status as of *5/30/14*
(Date)

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

Violation Report: 18921 - 03/06/2014 - Mohala, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home does not have written procedures for the delivery and management of services.

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.

2600.223(b) - Policy & Procedure for delivery & management of services has been developed (copy attached) by the L.C. administrator and approved by Administration
- Review of Procedure to be done annually for any adjustment of services and/or management needs. L.C. administrator will sign to review and present for approval by Administration at Quality assurance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Loren Granich

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

LAREN GRANICH

Date: *4/29/14*

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The above plan of correction is approved as of

5/30/14
 (Date)

Plan of correction implementation status as of

5/30/14
 (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: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa. Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #9 was admitted to the home on 7/16/13. The home did not complete a preadmission screening form for the resident until 8/23/13.

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.

2600.224(a) - Preadmission form completion was so oversight by PC administration at the time of admission of the resident.
- All PC admission forms required by DPH have been prepared in packets to prevent any further oversight of required forms to be completed.
- PC administration will be responsible to audit each pre-screen admission at the time of medical assessment of physician at facility for completion of pre-screen and prepare DME and support plan for day of admission for continued process per regulation

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BARON GRAMICH* Date *4-7-14*

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

The above plan of correction is approved as of <i>5/30/14</i> (Date)	Plan of correction implementation status as of <i>5/30/14</i> (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: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted to the SDCU on 1/31/14, had a medical evaluation completed on 1/24/14. This medical evaluation did not document the resident's need for SDCU care. The resident did not have any additional medical evaluations completed.

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.

2600.231(b) - Physician forgot to check the box for SDCU at the time of OME.
- Physician corrected form at the time of inspection on 3/7/14.
- Pre-screen had been done on 1/28/14 prior to admission to SDCU on 1/31/14.
- Admission date on RASP was corrected to 1/31/14. The original admission date had been placed in error by PC administrator however the RASP did show it was done as a significant change in status on form.
- The physician completed his medical assessment on 1/24/14. Had seen her on 2/4/14, 2/11/14, 2/14/14, 2/18/14, 2/19/14.
- PC administrator prescribes will audit all DPA forms for completion per regulation at the time of assessments.
- Residents with significant changes will have follow up with MD as soon as possible.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Gramlich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN GRAMLICH* Date *4.7.14*

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Plan of correction implementation status as of *5/20/14* (Date)

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

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

Attachment for Violation Report # 2600.231(b):

- PC Administrator/designee will be responsible to review completed DME at the time of assessment that all sections are completed by physician properly
- PC Administrator/designee will inform MD of any area requiring completion

Violation Report: 18921 - 03/06/2014 - McHale, Christine
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 - Resident #7 was admitted to the SDCU on 1/31/14. The home has no documentation that the resident has not objected to the admission to the secure dementia care unit.
 - Resident #8 was admitted to the SDCU on 2/6/14. The home has no documentation that the resident has not objected to the admission to the secure dementia care unit.

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.

4600.231 - Residents # 7 & # 8 have signed the form for Secure Dementia Care Unit admission form had not been added to admission packet by oversight of PE administrator. Forms are in admissions packets and given to admissions director for future packets for each admission.

- Admissions Director re-educated on required forms, signatures and regulations of PA also given the "pink" Pennsylvania Code Book of Chapter 2600 PA regulations for future reference.
- Admissions director re-educated on printing all required documents in admission folder for all residents.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AKEN AMLICH* Date *4.7.14*

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The above plan of correction is approved as of 5/30/14 (Date)

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

Plan of correction implementation status as of 5/30/14 (Date)

- Fully Implemented
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