



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2014

Ms. Eileen M. Joseph, President/CEO
CareLink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chester Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041
License #: 100070

Dear Ms. Joseph:

As a result of the Department of Public Welfare's licensing inspection on March 7, 2014 and June 10, 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 August 8, 2014 to August 8, 2015 was issued on April 29, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE		License Number: 10007
Address: 3520 DARBY ROAD, HAVERFORD, PA 19041		County: Delaware
Administrator: Christopher Swallow		Region: SOUTHEAST
Legal Entity Name: CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA		
Legal Entity Address: 1510 CHESTER PIKE SUITE 600, EDDYSTONE, PA 19022		
Certificate(s) of Occupancy C2 03/03/1986 Commonwealth of PA		
Staffing Hours Resident Support: Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/07/2014: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 6 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have documentation to demonstrate that the home's heating system, which consist of a boiler, was cleaned or inspected at least annually.

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.

CARELINK HAS COORDINATED AN INSPECTION OF THE HOME'S HEATING SYSTEM, WHICH WILL BE DONE ANNUALLY.
 THE AGENCY USES BUDGET MAINTENANCE, WHO IS CONTRACTING THE JOB OUT TO OLIVER HEATING AND COOLING. BUDGET MAINTENANCE WILL ALSO BE RESPONSIBLE FOR SCHEDULING THE ANNUAL INSPECTION. CONTACT WAS INITIALLY MADE WITH BUDGET MAINTENANCE ON 3/7/14.
 The administrator will schedule the inspection and cleaning on an annual basis 60 days prior to the annual date of the previous cleaning starting in 2015.
 The boiler was inspected and cleared on 4/16/14.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cliff M. Gill*

Printed Name and Title of Legal Entity Representative Program Date
 (Required on EVERY Page) CHRISTOPHER M. SWANSON ADMINISTRATOR 4/11/14

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

The above plan of correction is approved as of 6/4/14
 (Date)

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

Plan of correction implementation status as of 6/10/14
 (Date)

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

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

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
 Cutter Mosquito bug repellent with manufacturer's label indicating "If swallowed, call a Poison Control Center or doctor immediately", was stored on the shelf below a large open carton of Kellogg assorted individual cereal.

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.

The bug repellent was removed from the scene and stored in the garage on 3/7/14. Labels were placed on the shelves to remind staff that all chemicals are not to be stored with any food items. This was also addressed at the next staff meeting in the form of a group supervision on 4/17/14.

The administrator or designee will check, on a weekly basis, to ensure that all poisonous material is stored separately from food starting within 10 days of receipt of this plan of correction.

All staff will be trained on the importance of keeping poisonous material separate from the food within 10 days of receipt of this plan of correction.
 per admin 6/5/14

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 PROGRAM Date
 (Required on EVERY Page) CHRISTOPHER M. SWALLOW ADMINISTRATOR 4/11/14

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

The above plan of correction is approved as of <u>6/5/14</u> (Date)	Plan of correction implementation status as of <u>6/3/14</u> (Date)
The above plan of correction was approved by <u>(a)</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

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 3/7/14 black mold was on the shower curtains located in the bathrooms on first floor, second floor and the bathroom between rooms 1 and 2.

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.

All of the homes shower curtains were washed on 3/8 - 3/10. This task will be added to the responsibilities of the homes maintenance worker. A new schedule has been made up to ensure that all shower curtains are cleaned regularly. The administrator will conduct weekly walk throughs with the maintenance staff to ensure that all tasks are completed properly.

All staff will receive training on how to identify mold in the bathrooms within 30 days of receipt of this plan of correction. per admin CS

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)

CHRISTOPHER M. SWANSON

PROGRAM ADMINISTRATOR

Date

4/11/14

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

The above plan of correction is approved as of

6/4/14
 (Date)

Plan of correction implementation status as of

6/4/14
 (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: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- On 3/7/14, the shower/tub in the second floor common bathroom was littered with hair and soap scum.
- The window of the back patio door is dirty and covered with fingerprints and water stains.
- The window sill under the air conditioner, located in the living room, is littered with loose paint chips and peeling paint.
- The floors in the bathroom between rooms 1 and 2, the common bathroom at the end of the hall on the 2nd floor and the first floor bathroom are dirty with a layer of dirt along the edges and thresholds of the ceramic tile floors.

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.

All of the bathrooms were thoroughly cleaned on 3/10/14. In addition, all of the window panes on the back door were cleaned, as was the window sill. All of these items have been placed on the maintenance schedule so that there is a clear timeframe that they need to be cleaned in. The administrator or designee will conduct weekly checks of all of the homes physical site to ensure that all surfaces are clean and in good repair, starting within 30 days of receipt of this plan of correction. (S) per admin CS.

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) PROGRAM ADMINISTRATOR Date: 4/11/14
 CHRISTOPHER M. SWALLOW

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

The above plan of correction is approved as of <u>6/4/14</u> (Date)	Plan of correction implementation status as of <u>6/4/14</u> (Date)
The above plan of correction was approved by <u>(S)</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

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The baseboard molding near room # 5 is broken and in need of repair.
- The tub fixture in the bathroom across from room #8 leaks water when turned off and when turned on.
- The kitchen faucet, located at the 3 cleaning sinks, leaks when turned off.
- The resident phone, located in the first floor entry way, is broken and cannot be hung up after each use.

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.

MAINTENANCE WORK ORDERS WERE PLACED FOR THE BASEBOARD MOLDING AND THE TUB FIXTURE ON 4/3/14.
 BOTH JOBS HAVE BEEN COMPLETED.

A MAINTENANCE WORK ORDER WAS PLACED FOR THE KITCHEN FAUCET ON 3/12/14 AND HAS BEEN FULLY REPAIRED.

THE RESIDENT PHONE WAS REPLACED ON 3/10/14 WITH ANOTHER PHONE FROM THE CORPORATE OFFICE.

The staff of the home will receive training on how to identify and report when furniture or equipment are in disrepair within 30 days of receipt of this plan of correction.

The administrator or designee will conduct weekly physical site checks to ensure that furniture and equipment are in good repair, starting within 30 days of receipt of this plan of correction, per admin CS

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christopher M. Swallow

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

CHRISTOPHER M. SWALLOW

PROGRAM ADMINISTRATOR

Date

4/11/14

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

The above plan of correction is approved as of

6/4/14
 (Date)

Plan of correction implementation status as of 6/4/14
 (Date)

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

The above plan of correction was approved by

CS
 (Initials)

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The back patio and along the perimeter of the patio is littered with cigarette butts and empty cigarette wrappers. The area is a designated smoking area for residents.

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.

THE SMOKE PORCH AREA WAS CLEANED ON 3/11/14. THIS TASK HAS BEEN PLACED ON THE REGULAR SCHEDULE OF THE MAINTENANCE STAFF. THE ADMINISTRATOR WILL CONDUCT WEEKLY WALK-THROUGHTS TO ENSURE THAT ALL TASKS ARE BEING KEPT UP WITH.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chris M. Swallow*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRISTOPHER M. SWALLOW PROGRAM ADMINISTRATOR Date 4/11/14

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

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Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The beds in room #1 and #3 do not have a source of light that can be turned on/off from bedside.

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.

FURNITURE WAS MOVED TO ENSURE THAT THE BEDSIDE LIGHT WAS ACCESSIBLE FROM BEDSIDE. IN ADDITION, WALL MOUNTABLE LIGHT FIXTURES WILL BE PURCHASED SO THAT THERE WILL ALWAYS BE A LIGHT ACCESSIBLE TO THE RESIDENTS.

The administrator or designee will conduct weekly physical checks to ensure all beds have an operable source of lighting, starting within 30 days of receipt of this plan of correction, per admin CS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTOPHER M. SWALLOW</i>	PROGRAM <i>ADMINISTRATOR</i>	Date <i>4/11/14</i>
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The above plan of correction was approved by <u>[Signature]</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

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 A 12 x12 inch floor tile in room #7 is not secure and presenting a tripping hazard to 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.

A MAINTENANCE WORK ORDER WAS PLACED ON 3/13/14 AND THE FLOOR TILE WAS RE-SECURED TO THE FLOOR.
 CHECKING FOR LOOSE FLOOR TILES WILL BE ADDED TO THE SITE'S WEEKLY SAFETY INSPECTION WHICH IS CONDUCTED BY A SHIFT SUPERVISOR.

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)

CHRISTOPHER M. SWALLOW PROGRAM ADMINISTRATOR

Date 4/11/14

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

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 (Date)

Plan of correction implementation status as of 6/4/14
 (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: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 The bedroom window on the right side of the room #7 does not have shades, blinds or shutters.

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.

BLINDS WERE PURCHASED ON 4/7/14 AND INSTALLED. CHECKING THE BLINDS AND THEIR CONDITION IS LISTED ON THE WEEKLY FACILITY SAFETY CHECKLIST.

The administrator will conduct periodic checks of each resident room to ensure the windows are covered to provide privacy, starting within 30 days of receipt of this plan of correction per admin CS.

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 Date
 (Required on EVERY Page) CHRISTOPHER M. SWANSON PROGRAM ADMINISTRATOR 4/11/14

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

The above plan of correction is approved as of <u>6/4/14</u> (Date)	Plan of correction implementation status as of <u>8/4/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window coverings on the windows in the bathrooms on the second floor, between rooms 1 and 2 and in the bathroom at the end of the hallway are in poor repair and do not provide for adequate privacy.

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.

THE BROKEN WINDOW COVERINGS WERE DISCARDED AND NEW ONES WERE PURCHASED AND INSTALLED ON 4/7/14.
 A SHIFT SUPERVISOR WILL CHECK ALL WINDOW COVERINGS TO ENSURE THAT THEY ARE IN GOOD REPAIR. THIS TASK IS LISTED ON THE WEEKLY FACILITY SAFETY CHECKLIST.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTOPHER M. SIMMONS</i> Program Administrator	Date <i>4/11/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/4/14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>6/4/14</u> (Date) <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
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Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The rug in front of the bath/shower, located on the second floor, does not have a slip resistant backing.

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.

THE RUG IN THE MENTIONED BATHROOM WAS REPLACED ON 3/7/14. A SHIFT SUPERVISOR WILL CHECK TO SEE IF ALL BATHROOM RUGS HAVE SLIP RESISTANT BACKS AS PER THE WEEKLY FACILITY SAFETY CHECKLIST.

C. Adams SRP 7/10/14

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) *CHRISTOPHER M. SWALLOW* PROGRAM ADMINISTRATOR Date *4/11/14*

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

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

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

- On 3/7/14, the refrigerator located in the home store room had water and food stains on the door.
- On 3/7/14, the kitchen hood had a layer of grease and dust on the surface.

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.

THE REFRIGERATOR IN THE STORE ROOM WAS CLEANED ON 3/14/14. THIS TASK IS TO BE CHECKED BY A SHIFT SUPERVISOR AS PER THE WEEKLY FACILITY SAFETY CHECKLIST.

THE KITCHEN HOOD WAS SERVICED ON 3/14/14. THE SERVICE SCHEDULE HAS BEEN CHANGED FROM EVERY 6 MONTHS, TO EVERY 4 MONTHS. THE HOOD WILL BE SERVICED BY FALCON HOOD CLEANING.

The administration or designee will conduct periodic checks of the kitchen to ensure surfaces are cleaned and sanitized as required, starting within 30 days of receipt of this plan of correction, per admin CS.

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) CHRISTOPHER M. SWALLOW PROGRAM ADMINISTRATOR Date 4/11/14

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

The above plan of correction is approved as of <u>10/4/14</u> (Date)	Plan of correction implementation status as of <u>6/4/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

- The following items were observed in the home's kitchen refrigerator unlabeled and not dated:
 Two bowls of brown meat product.
 Two packages of repackaged sliced cheese.
- The following items were observed in the freezer unlabeled and not dated:
 Package of brown bagged consumable.
 Package of patties.

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.

All UNLABELED FOODS WERE DISCARDED ON THE SPOT. SIGNS WERE POSTED ON ALL FREEZERS/REFRIGERATORS ON 3/10/14 WHICH INDICATE THAT ALL FOODS MUST BE DATED AND LABELED. A SHIFT SUPERVISOR WILL CHECK ON THIS AS PER THE WEEKLY FACILITY SAFETY CHECKLIST.

THIS WILL ALSO BE ADDRESSED IN A FORMAL SUPERVISION AT THE HOME'S NEXT STAFF MEETING ON 4/11/14.

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) *CHRISTOPHER M. SWALLOW* *PROGRAM ADMINISTRATOR* Date *4/11/14*

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Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 3/7/14, an open carton of Juice Bowl, stating "refrigerate after opening", was stored atop a shelf in the kitchen; across from the home's food storage closet.

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.

THE FOOD ITEM IN QUESTION WAS IMMEDIATELY DISPOSED OF. A SIGN WAS ALSO POSTED IN THE PANTRY AREA, INDICATING THAT ALL PERISHABLE FOODS MUST BE KEPT UNDER REFRIGERATION.
 THIS WILL ALSO BE FORMALLY ADDRESSED IN THE FORM OF A GROUP SUPERVISION ON 4/11/14 AT THE HOME'S NEXT STAFF MEETING.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTOPHER M. SWALLOW</i>	PROGRAM <i>ADMINISTRATOR</i>	Date <i>4/11/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/4/14
 (Date)

Plan of correction implementation status as of 6/4/14
 (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: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 3/7/14, at 10:30 am, 5 bags of clothing located in the hallway leading to the third floor emergency exit and a mattress placed on the 2nd floor fire escape landing blocked egress from the home's third floor.

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.

THE CLOTHES AND MATTRESS WERE MOVED FROM THE AREA. A SHIFT SUPERVISOR WILL ENSURE THAT ALL ROUTES OF EGRESS ARE CLEAR FROM OBSTACLES AS PER THE WEEKLY FACILITY SAFETY CHECKLIST.

ALL STAFF OF THE HOME WILL RECEIVE TRAINING ON THE IMPORTANCE OF MAINTAINING all exits free from obstruction, by the administrator within 10 days of receipt of this plan of correction.

The administrator or designee will conduct random periodic checks of the exits to ensure they are free from obstruction of any items to ensure safe egress at all times, starting within 30 days of receipt of this plan of correction.

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) PROGRAM Date

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

The above plan of correction is approved as of 6/4/14 (Date)

Plan of correction implementation status as of 6/4/14 (Date)

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

- Fully Implemented 6/10/14
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10007 - 03/07/2014 - Adams, Patricia
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 3/7/14, resident # 1's Advair Diskus was undated. The manufactures instructions state "the device should be discarded 1 month after removing from the moisture - protective foil overwrap pouch.

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.

THE DISC WAS DISCARDED AND A NEW DISC WAS STARTED AND DATED. A SUPERVISION WKL BE CONDUCTED WITH ALL STAFF AT THE HOMES NEXT STAFF MEETING ON 4/17/14. ALSO, THE PROGRAM COORDINATOR WILL CONDUCT MEDICATION AUDITS EACH MONTH AS THE NEW MAR REPORTS ARE GENERATED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chris M. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SHAW PROGRAM ADMINISTRATOR	Date 4/11/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/4/14
 (Date)

Plan of correction implementation status as of 6/4/14
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 6/10/14
- Partially Implemented - Inadequate Progress
- Not Implemented