

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **FORBES PERSONAL CARE LLC**
LEGAL ENTITY

To operate **FORBES ROAD RESIDENCE**
NAME OF FACILITY OR AGENCY

Located at **6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **38**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 28, 2014** until **January 28, 2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443202

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUL 29 2014

Mr. Thomas Parsons, Administrator
Forbes Personal Care, LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

RE: Forbes Road Residence
6655 Frankstown Avenue
Pittsburgh, Pennsylvania 15206
License #: 443202

Dear Ms. Parsons:

As a result of the Department of Public Welfare’s licensing inspection on March 18, 2014, March 26, 2014 and June 25, 2014, of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
183f	II	32	\$5	\$160	5 calendar days from mailing date of this letter
184a	II	32	\$5	\$160	5 calendar days from mailing date of this letter
187a	II	32	\$5	\$160	5 calendar days from mailing date of this letter
17	III	32	\$3	\$96	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 3/18/14, the violation report for the most recent renewal inspection, dated 7/29/13 was not posted in a conspicuous and public place 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.

By June 13, the Administrator will post the violation report for the most recent inspection dated 6/3/14 as well as a copy of this chapter. The Administrator will check weekly to ensure that it is in place. Staff will be educated regarding Regulation 2600.3(c) by the same date.

Immediately: the home's violation report dated 7/29/13 will be posted in a conspicuous and public place in the personal care home. JJP 7-16-14

8-30-14 The administrator or designated staff person will check the home weekly to ensure the most recent licensing inspection summary issued by the Department is posted in a conspicuous and public place in the personal care home. JJP 7-16-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Virginia R. Whealdon

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

Virginia R. Whealdon PCHA

Date
6/13/14

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

A "Nurse's Progress Note", dated 4/7/13, indicates Resident #1 reported to staff person A, on this date, that \$50 was missing from his/her room. Staff person A then reported this to staff person B, the administrator. The home did not report this incident 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.

This individual no longer resides in our facility.

Any reports of theft made by a resident will be reported as per the regulation and a followup investigation will be made by the Administrator. The findings of any investigation will be sent to the Department of Public Welfare.

8-30-14 the administrator used course that all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method. JRP 7-16-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Whealdon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Virginia R. Whealdon PCHA</i>	Date <i>6/16/14</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>7-16-14</u> (Date)	Plan of correction implementation status as of <u>7-16-14</u> (Date)
The above plan of correction was approved by <u><i>JRP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JRP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

WEST VIRGINIA STATE POLICE OFFICE
Human Services Bureau

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/18/14, the violation report, dated 8/17/12, was posted in the 3rd floor hallway along with the resident privacy coding document. Also contained in the report were a medication administration record (MAR) page from September 2012 and a Novolin prescription label copy, both for Resident #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.

The MAR page was immediately removed from the report by the Administrator. The Administrator inspected other postings to ensure that there were no unauthorized pages containing resident information. Education will be provided to staff regarding HIPPA compliance and patient confidentiality. All resident records are maintained in a locked and secure area on each floor. Postings will be checked daily to ensure continued compliance.

Immediately any resident privacy coding document posted with the licensing inspection summary issued by the Department will be removed.

8-30-14 All staff persons will be educated on the confidentiality of resident records, including privacy coding documents, and the procedures for maintaining resident records in a secure location. Documentation will be kept. JSP 7-16-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/29/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Virginia R. Wheaton PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14 (Date)

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

Plan of correction implementation status as of 7-16-14 (Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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
Pursuant to Act 56 of 2007 and 62 P.S. 1057.3(f), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa.Code chapter 2800 (relating to assisted living residences). The home's website, www.forbesrehab.com, describes the home as an "Assisted Living Facility".

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 term "Assisted Living" was removed from the website by the contracted Information Technology company by June 13, 2014. Facility Administrator educated regarding this regulation. The Administrator will check the website monthly to ensure continued compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/29/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Whealden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Whealden PCH A* Date *6/13/14*

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

The above plan of correction is approved as of <u>7-16-14</u> (Date)	Plan of correction implementation status as of <u>7-16-14</u> (Date)
The above plan of correction was approved by <u><i>VRW</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JRP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

WEST VIRGINIA DEPARTMENT OF
Human Services (Licensing)

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired 2/25/12, did not have orientation in any of the topics 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.

Staff person C received orientation by the Administrator on Regulation 2600.65 (a) which was documented on 6/13/14. The Administrator received education regarding the education requirements of a new staff person on their first day of work. An orientation log was created to ensure that each employee receives the necessary education to maintain compliance. This log will be checked monthly to monitor compliance.

All staff persons received orientation in general fire safety and emergency preparedness which included all topics listed in Chapter 2600.65(a) on 6/26/14 and 6/27/14.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R W Wheaton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Wheaton PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

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

Plan of correction implementation status as of 7-16-14
(Date)

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

WORLD CARE SERVICES, INC.
Human Services Branching

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired 2/25/12, did not have orientation in any of the topics 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.

Staff person C received orientation by the Administrator on Regulation 2600.65 (b) which was documented on 6/13/14. The Administrator received education regarding the education requirements of a new staff person within their first 40 hours of work. An orientation log was created to ensure that each employee receives the necessary education to maintain compliance. This log will be checked monthly to monitor compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheeler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheeler PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

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

Plan of correction implementation status as of 7-16-14
(Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

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

Direct care staff person C, hired 2/25/12, only completed 2 hours of annual training in the training year of 1/1/13 - 12/31/13.

Direct care staff person D, hired 10/2/07, only completed 10 hours of annual training in the training year of 1/1/13 - 12/31/13.

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.

Staff persons C and D to receive additional training by the Administrator on required topics to achieve their 12 hours of annual training which will be completed and documented by 6/30/14. The remaining staff members had their education hours audited to ensure 12 hours of inservicing over the prior 12 months. The Administrator received education regarding the annual education requirements of all staff members. An education binder and tracking log were created to ensure that each employee receives the necessary education to maintain compliance. This log will be checked monthly to monitor compliance.

Home's training year is July 1st thru June 30th

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheaton, PCHB* Date *6/13/14*

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

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

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

Plan of correction Implementation status as of _____ (Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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

Staff person C, hired 2/25/12, did not have training in any topics required by this regulation during the training year 1/1/13 - 12/31/13.

Staff person D, hired 10/2/07, did not have training on safe management techniques or care for residents with mental illness or intellectual disability during the training year 1/1/13 - 12/31/13. The home currently serves 6 residents with a diagnosis of mental illness and 2 residents with a diagnosis of intellectual disability.

Staff person E, hired 11/12/03, did not have training on residents with dementia and cognitive impairments, safe management techniques or care for residents with mental illness or intellectual disability during the training year 1/1/13 - 12/31/13. The home currently serves 6 residents with a diagnosis of mental illness and 2 residents with a diagnosis of intellectual disability.

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

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

Staff persons C, D and E will receive additional training by the Administrator on required annual topics to be completed and documented by 6/30/14. The remaining staff members had their education hours audited to ensure 12 hours of inservicing over the prior 12 months. The Administrator received education regarding the annual education requirements of all staff members. An education binder and tracking log were created to ensure that each employee receives the necessary education to maintain compliance. This log will be checked monthly to monitor compliance.

Homes training year is July 1st (then June 30th)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Virginia R. W. Healdon

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

Virginia R. W. Healdon PCHA

Date *6/13/14*

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

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

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

WPA
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired 2/25/12, did not have training in any of the topics required by this regulation during the training year 1/1/13 - 12/31/13.

Staff person D, hired 10/2/07, did not have annual training in fire safety, emergency preparedness or falls & accident prevention in the training year 1/1/13 - 12/31/13.

Staff person E, hired 11/12/03, did not have annual training in fire safety or falls & accident prevention in the training year 1/1/13 - 12/31/13.

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.

Staff persons C, D and E will receive additional training by the Administrator on required annual topics which will be completed and documented by 6/30/14. The remaining staff members had their education hours audited to ensure 12 hours of inservicing on the required topics over the prior 12 months. The Administrator received education regarding the annual education requirements of all staff members. An education binder and tracking log were created to ensure that each employee receives the necessary education to maintain compliance. This log will be checked monthly to monitor compliance.

Homes training year is July 1st thru June 30th

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Virginia R Whealdon

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

Virginia R Whealdon

Date

6/13/14

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

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

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

WFSO
Fire & Safety Office
Fire & Safety Department

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The fire drill records for the fire drills conducted on 12/5/13 and 3/12/14 do not include the amount of time for evacuation.

The home has not documented the amount of time for evacuation in minutes and seconds or the exit routes used for the drills conducted on 3/12/14, 2/20/14, 1/28/14, 12/5/13, 11/27/13, 10/23/13, 9/26/13, or 8/26/13.

The home did not record the time of the drill conducted on 8/26/13.

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

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

A new fire drill was conducted on June 11, 2014. The results of the drill were recorded in minutes and seconds and included only the residents present on the unit at the time of the drill in the overall count. Additionally, the exit routes are clearly marked as well. Staff was inserviced regarding the requirements of this regulation. The Administrator will verify after every fire drill that the times were recorded correctly.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheelan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheelan PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 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's fire drill evacuation times have exceeded 2 minutes and 30 seconds as follows:

Date	Time alarm sounded	Time evacuation complete
1/28/14	8:52 AM	8:56 PM
11/27/13	1:37 AM	1:47 AM
10/23/13	6:18 AM	6:21 AM
9/26/13	10:30 AM	4 1/2 minutes

The home does not have a safe evacuation time in writing from a fire safety expert within the past 12 months.

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

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

The facility was evaluated by a fire safety expert and was provided with an updated evacuation time of five and one-half (5 1/2) minutes. The Administrator was educated regarding the requirement. This letter will be updated annually and all fire drills will comply. The Administrator will audit the compliance monthly.

8-30-14 If an evacuation time during any fire drill exceeds the time specified by the fire safety expert, the home will conduct at least two fire drills a month until evacuations are completed within the time specified by the fire safety expert for 2 consecutive drills. JWP 7-16-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheatdon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheatdon* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
 (Date)

Plan of correction implementation status as of 7-16-14
 (Date)

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

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

JUN 14 2014

WEST VIRGINIA FIRE DEPARTMENT
FIRE SERVICE DIVISION

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
The fire drill record indicates that 33 residents were present in the home but only 32 evacuated for the drill held on 11/27/13
The fire drill record indicates that 28 residents were present in the home but none evacuated for the drill held on 2/20/14.

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

A fire drill was conducted on 6/11/14. During the drill, all of the residents on the unit were evacuated to a fire safe location as required within the allotted timeframe. The facility recorded the actual number of residents present on the unit rather than all of the residents on census (as they had been doing). This facility consists of 3 separate, fire safe areas of 12 beds, 12 beds, and 14 beds and a dining room located in a 4th area. The only space large enough to hold 28 or 33 residents would be the dining room. Education was provided to staff regarding this regulation and the correct way to record information on the fire drill record. Administrator will audit the fire drills monthly to monitor ongoing compliance.

The home has begun to use the Department's fire drill record and have only listed the number of residents in the home at the time of the fire drill and the number of residents evacuated. Accurate documentation was completed on 5/19/14 at 6:45 pm, 6/11/14 at 3:34 pm and 6/17/14 at 12:01 pm. JWP 7-16-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R. Wheaton RTHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

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

Plan of correction implementation status as of 7-16-14
(Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
On 3/26/14, the home's designated smoking area, to the left of the main entrance, contained a metal chair with a white, folded bodshoot on it that did not have a tag indicating that it was fire resistant.

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 non-firesafe item was removed. Staff was educated regarding this regulation and will monitor the smoking area daily for unauthorized items.

8/30/14 the administrator will monitor the home on a weekly basis to ensure the smoking policies and procedures are being followed. JJP 7-16-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa. Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 3/18/14, the only menus posted in the home were dated 3/10 through 3/16 and 3/16 through 3/22. The upcoming week's menu was not posted.

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

Facility posted current and 1-week advance menus on all 3 units on the existing boards. Education provided to dietitian and administrator regarding this regulation and means of compliance. The administrator or designee will audit the menu boards weekly to ensure continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Wheatley*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Wheatley RCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

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

Plan of correction implementation status as of 7-16-14
(Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa. Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 has a current order for Levothyroxine 88mcg, take one tablet by mouth every morning. The current label reads Levothyroxine 0.088mg, take two tablets before breakfast.
Resident #3 has a current order for Olanzapine 20mg, take one tablet daily. The current label reads Olanzapine 20mg, take 1/2 tablet at bedtime.

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 orders were verified with the physician(s) and updated order(s) were sent to the pharmacy. The incorrect orders were discontinued. The pharmacy conducted an audit of all residents, their orders, and the medications available to make sure that labels and orders matched. Education provided to staff regarding this regulation. Administrator or designee will audit and compare MAR to order to medication monthly for continued compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/29/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealden PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
(Date)

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

Plan of correction implementation status as of 7-16-14
(Date)

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

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

Resident #3 is ordered Warfarin Sodium 2mg, take 3 1/2 by mouth daily. The March 2014 medication administration record (MAR) lists this medication as "Columadin 7mg PO daily". There is also no diagnosis or purpose listed for this medication.

Resident #3 is ordered Simvastatin 40mg, take 1/2 tablet by mouth every evening. The March 2014 MAR lists this medication as Simvastatin 20mg, take one tablet every evening.

Resident #4 is ordered Vitamin C 500mg, take one tablet by mouth daily. The March 2014 MAR lists this medication as Vitamin C 250mg, take two tablets by mouth daily.

Resident #5 is ordered Mirtazapine 15mg take 1/2 tab by mouth every night. The March 2014 MAR lists this medication as Mirtazapine 7.5mg, take one tablet by mouth every night.

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.

Staff reviewed with the physician(s) and acted as advised to ensure that the medication matched the card and the MAR. Education provided to the staff regarding this regulation and its requirements. Administrator will audit monthly to monitor continued compliance and will audit newly delivered medications daily for the same.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/29/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia B W Headon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia B W Headon PCHA* Date *6/13/14*

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

The above plan of correction is approved as of 7-16-14
 (Date)

Plan of correction implementation status as of 7-16-14
 (Date)

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

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

Violation Report: 44320 - 03/18/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

JUN 18 2014

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

W/11/14
 11/11/14

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Clonazepam 1mg, take one tablet by mouth every night at bedtime. This medication was not administered as ordered from 3/7/14 through 3/11/14 due to the medication not being available 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.

Staff spoke with the resident's physician for guidance. Staff educated regarding this regulation as well as the regulation for reporting these situations to the Administrator and to the DPW. Administrator or designee will monitor MAR daily to identify any missed medications and will intervene accordingly.

8-30-14 The administrator will do a medication audit of all residents prescribed, over the counter and CAM medications to ensure all medications are available for administration. JPP 7-16-14

8-30-14 All staff persons administering medication will be educated on the process of reordering medications in a timely manner to ensure all medications are available for administration. Documentation will be kept. JPP 7-16-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheaton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Virginia R. Wheaton PCHA* Date *6/13/14*

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

The above plan of correction is approved as of <u>7-16-14</u> (Date)	Plan of correction implementation status as of <u>7-16-14</u> (Date)
The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JPP</i> <input type="checkbox"/> Not Implemented

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

PCH Name: FORBES ROAD RESIDENCE		License Number: 44320
Address: 6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206		County: Allegheny
Administrator: Virginia Whealdon		Region: WEST
Legal Entity Name: FORBES PERSONAL CARE LLC		
Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 8701		
Certificate(s) of Occupancy I-1 11/22/2002 City of Pittsburgh		VERIFIED HUNTINGDON COUNTY
Staffing Hours Resident Support: 0 Total Daily Staff: 33 Waking Staff: 25		
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 06/26/2014; Williams, Jason; Mazza, Larry		
Off-Site Inspection Dates and Inspectors, if Applicable 06/30/2014; Williams, Jason		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 32 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: 2 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 31 Have Mental Illness: 7 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 2

Violation Report: 44320 - 08/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 6/25/14, the violation report for the most recent renewal inspection, dated 7/29/13, was not posted in a conspicuous and public place 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.

The facility immediately posted the last full inspection report from 7/29/13 in addition to the inspections that have occurred since in a conspicuous and public place.

Staff were educated regarding this regulation.

The facility Administrator or designee will verify daily that the inspection report is complete and is correctly posted.

8-30-14

The administrator or designated staff person will check the home weekly to ensure the most recent Ongoing Inspection Summary issued by the Department is posted in a conspicuous and public place in the personal care home. JJP 7-16-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Whealdon

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R whealdon RCHA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

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

Plan of correction implementation status as of 7-16-14 (Date)

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

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

Human Services Training

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 6/25/14, the home was posting an unfinished violation report, dated 3/19/14, on the bulletin board on the 3 West hallway. This report included the resident privacy coding document.

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.

When the correct renewal inspection was posted it was verified to not contain the Resident Privacy Coding document.

Staff were educated regarding this regulation.

The facility Administrator or designee will verify daily that there is no private resident information posted.

8-30-14

All staff persons will be educated on the confidentiality of resident records, including privacy coding documents, and the procedures for maintaining resident records in a secure location. Documentation will be kept. JSP 7-16-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 7-29-2013

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton PCMA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

Plan of correction implementation status as of 7-16-14 (Date)

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

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

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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

The corner of the ceiling by the window in bedroom 3W-11 has an 8 inch by 14 inch section of plaster that is peeled back and hanging down. The 3 foot section of wallpaper to the right of the window is peeled back from the wall on the lower edge. The wallboard behind the wallpaper is damp and there is a black mold visible in several areas.

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 Resident was temporarily relocated with his consent to allow the facility to evaluate the cause of the problem and implement a solution.

The facility has contracted to have portions of the exterior facade repointed as this was the root cause of the problem. Upon completion of this work the area will be allowed to dry to verify that the problem has been resolved. The wall and ceiling will then be repaired and the resident will be given the option of returning to that room.

The goal for this work is August 15, 2014.

8-30-14 All staff was re-educated with regards to bedrooms having walls, floors and ceilings which are finished, clean and in good repair. Documentation will be kept. 7-16-14 JJP

8-30-14 Staff persons will check resident rooms daily, during regular duties, to ensure all bedrooms are in good repair. 7-16-14 JJP

8-30-14 The administrator will check each resident bedroom at least 2x per month to ensure all bedrooms have walls, floor and ceiling which are finished, clean and in good repair. JJP 7-16-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton RCHA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

Plan of correction implementation status as of 7-16-14 (Date)

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

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

Violation Report: 44320 - 06/23/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The medication cart on floor 4B contained a bottle of Cherratussin AC syrup and a box of Albuterol 0.083% with Resident #1's name on both labels. These medications are not currently ordered for this resident and do not appear on the June MAR.

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

Both bottles were removed from the medication cart and were disposed of appropriately.

Staff were educated regarding this regulation

Administrator or designee will check the medication carts daily and remove any discontinued or expired medications.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon RCHA* Date *7.10.14*

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

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

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

VIOLATION ARTICLE
VIOLATION DESCRIPTION

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 6/25/14, there was a "stock" bottle of Milk of Magnesia in the 3 West medication cart with an expiration date of 5/2014.

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.

The bottle of Milk of Magnesia was removed from the medication cart and was disposed of appropriately.

Staff were educated regarding this regulation

Administrator or designee will check the medication carts daily and remove any discontinued or expired medications.

Repeat Violation: YES Date(s) of Previous Violation(s): 7-29-2013

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R Wheaton PCMA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

Plan of correction implementation status as of 7-16-14 (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: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Codes §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is currently ordered Simvastatin 10mg, take 1 tablet by mouth every night. The medication label reads Simvastatin 20mg, take 1/2 tablet by mouth every night.

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

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

Facility has obtained a medication dosage that exactly matches the wording on the medication order.

Medications will be verified at the time of delivery and prior to being placed in the medication cart and dispensed to match the dosage and the order.

Staff were educated regarding this regulation

The Administrator or designee will audit the medication administration daily to confirm.

Repeat Violation: YES Date(s) of Previous Violation(s): 7-29-2013

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Whealdon

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R Whealdon PEHA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

Plan of correction implementation status as of 7-16-14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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
The medication cart in the 4B hall contained a bottle of Cherratussin AC syrup for Resident #1. This medication is a controlled substance but the home is not keeping a count sheet on this medication per the home's 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.

This medication was removed as noted in the plan for 2600.183(d).

Any controlled substances prescribed and in use will have the appropriate documentation (i.e. Count sheet) for tracking.

Staff were educated regarding this regulation

The Administrator or designee will audit the medication carts daily to verify that the documentation is present and complete.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon PCMA* Date *7.10.14*

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44320 - 06/25/2014 - Williams, Jason
 PCH Name: FORBES ROAD RESIDENCE

1. REGULATION 55 Pa.Code §2500

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

Resident #1 is ordered Ranitidine 300mg, take 1 tablet by mouth daily. The June 2014 medication administration record (MAR) indicates to take 2 tablets by mouth daily.

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 order was changed on the MAR with the physicians approval to read "Give 2 150mg tabs by mouth to equal 300mg" so that the language matches in both areas.

Staff were educated regarding this regulation

The Administrator or designee will audit the MAR daily to confirm that the medication records are consistent.

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s): <u>7-29-2013</u>	
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Signature of Legal Entity Representative
 (Required on EVERY Page) Virginia R Whealdon

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Virginia R Whealdon RCHA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14
 (Date)

Plan of correction implementation status as of 7-16-14
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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

The June 2014 medication administration record (MAR) was never initialed by the staff persons administering the following medications:

- Carvedilol 25mg for Resident #2 at 9:00 PM on 6/13/14.
- Aspirin 81mg, Atorvastatin 20mg, Folic Acid 1mg, Multi Vitamin Tab, Vitamin B-1 100mg and Vitamin B-12 1000mcg for Resident #3 at 9:00 AM on 6/13/14.
- Simvastatin 20mg for Resident #4 at 9:00 PM on 6/17/14 and 6/18/14.

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.

Appropriate entries were made in the MAR to reflect the services provided.

Staff will receive medication training from a qualified educator regarding medication pass requirements and expectations.

The Administrator or designee will audit the MAR daily to verify that all medications are passed and documented as ordered.

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

Signature of Legal Entity Representative (Required on EVERY Page) Virginia R Whealdon

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Virginia R Whealdon PCMA Date 7.10.14

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

The above plan of correction is approved as of 7-16-14 (Date)

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

Plan of correction implementation status as of 7-16-14 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented [Signature]

Violation Report: 44320 - 06/25/2014 - Williams, Jason
PCH Name: FORBES ROAD RESIDENCE

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is ordered Acetomenophen 325mg, take 2 tablets by mouth every 12 hours for pain. This medication was not administered as ordered on June 17, 19, 20, 21, 23, or 24.

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.

This residents physician was contacted and the order was clarified.

The resident's MAR, order and medication were updated to reflect the physician's changes.

Staff were educated regarding this regulation.

The Administrator or designee will audit the MAR daily to verify that the facility is following the directions of the prescriber.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Virginia R Whealdon PCFA* Date *7.10.14.*

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

The above plan of correction is approved as of 7-16-14
(Date)

Plan of correction implementation status as of 7-16-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented