

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERRY SOUTH PERSONAL CARE HOME LTD

LEGAL ENTITY

To operate PERRY SOUTH PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1129 TWEED STREET, PITTSBURGH, PA 15204

(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 8

(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 September 10, 2014 until March 10, 2015
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433731

Robert E. Robinson

ISSUING OFFICER

Michael 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.

PW 628 - 10/13



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP 10 2014

Ms. Linda Howard, Administrator
Perry South Personal Care Home, Ltd.
1129 Tweed Street
Pittsburgh, Pennsylvania 15204

**RE: Perry South Personal Care Home
License #: 433731**

Dear Ms. Howard:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 20, 2014, March 26, 2014 and May 28, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #433730 dated June 14, 2014 to June 14, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 14, 2014 to June 14, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST 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 X Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|-------------------------------------|--------------------|----------------------|-----------------------------|---------------------------|---------------------------------------------------|
| 64c | III | 8 | \$3 | \$24 | 15 calendar days from mailing date of this letter |
| 101j7 | III | 8 | \$3 | \$24 | 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: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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 3/20/14, the following items were not posted in a conspicuous and public place in the home:

- * Current license inspection summary, dated 3/8/2013
- * Copy of 55 PA Code Chapter 2600

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

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

Please See Attached

RECEIVED

MAY 19 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

By 9/28/14 - The administrator or designated staff person will check the home weekly to ensure all required postings including the current license inspection summary and copy of 55 PA Code Chapter 2600 are posted in a conspicuous and public place in the personal care home. *SWP 8-28-14*

Please see page 2^A of 34

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SWP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

PERRY SOUTH PERSONAL CARE HOME
1129 TWEED STREET
PITTSBURGH PA 15204

PINK Hand book

a pink hand book should be displayed in every personal care home and available to any one who enters the home

at the time of inspection there was not a book in the home, I have already sent for another hand book, and will have it placed so everyone will at there will can have access to the information

The book has been mailed from Bureau of Human Services 888-322-3664 we know have three pink books in the home.

The inspection reports were in the home they were placed on the fire place in the dinning room and this is where these will be placed

*Inspection of Personal Care Home
Perry South PA
8-19-14
43373*

APPROVED
APPROVED
WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES

*Susie Pollock (SWP) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock*

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for resident #2. However, the home does not maintain a record of financial transactions to include the following:

- * Dates of deposits
- * Amounts of deposits
- * Current balance

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

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

Please see Attached: The Personal Care Home does not have any connection with this Resident's finances she has a Court Appointed Guardian.
 The money in her box in her room, is money that I personally put there for her outside activities I "hope" to get reimbursed some DAY

Violation Withdrawn
 SMP 8-28-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda H... ..*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda H...* Date *5-19-14*

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) <input 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: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #4's contract, dated 2/4/14, was not signed by the resident.

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

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

Please See Attached

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Resident #4's contract was signed on 5/19/14.

By 9/28/14 - The administrator or designated staff person will review all current resident records to ensure all required signatures have been obtained for resident contracts. *srp 8-28-14*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *8-29-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>srp</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>srp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 2/23/14, does not have a criminal background check.

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

Please see Attached

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

A criminal background check for staff person A was completed on 3/29/14.

Immediately - All current staff members Criminal History Checks will be reviewed to ensure that they contain no prohibitive offences in accordance with the Older Adult Protective Services Act and Act 13.

Immediately - Any staff person that does not have the required PA State Police or FBI criminal history background checks completed in accordance with the Older Adult Protective Services Act will not have unsupervised access to any residents.

Immediately - All Criminal History Checks will be completed with results received and approved before a staff person is hired.

By 9/28/14 - The Provider's policies and procedures will be amended to include the aforementioned addition.

By 9/28/14 - All administrative staff that plays a role in the hiring process will complete the Department of Aging Abuse and Criminal History Check Training, which can be found at http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031
 Documentation shall be kept.

gwp 8-28-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *5-18-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>Smp</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>Smp</i> <input type="checkbox"/> Not Implemented |

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired on 2/23/14, does not have a criminal background check. However, staff person A worked unsupervised in the home from 7:00 a.m. to 7:00 p.m. on the following dates:

- * 2/27/14
- * 3/02/14
- * 3/09/14
- * 3/16/14
- * 3/19/14

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.

Please See Attached

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

A criminal background check for staff person A was completed on 3/29/14.

Immediately - All current staff members Criminal History Checks will be reviewed to ensure that they contain no prohibitive offences in accordance with the Older Adult Protective Services Act and Act 13.

Immediately - Any staff person that does not have the required PA State Police or FBI criminal history background checks completed in accordance with the Older Adult Protective Services Act will not have unsupervised access to any residents.

Immediately - All Criminal History Checks will be completed with results received and approved before a staff person is hired.

By 9/28/14 -The Provider's policies and procedures will be amended to include the aforementioned addition.

By 9/28/14 - All administrative staff that plays a role in the hiring process will complete the Department of Aging Abuse and Criminal History Check Training, which can be found at http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031
 Documentation shall be kept.

SMP 8-28-14

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

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

| | |
|----------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-19-14</i> |
|----------------------------------------------------------------------------------------------------|---------------------|

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SMP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SMP</i> <input type="checkbox"/> Not Implemented |

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600.
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person C, Administrator, hired 4/2003, completed only 8.5 hours of annual training in training year 2013.

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

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

Please see Attached *Please see 7^A of 34*

RECEIVED

MAY 19 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

By 9/28/14 - The home will develop and implement a 2014 schedule of training for administrator C, which includes a total of 28.5 hours of training to be completed by 12/31/14 (24 hours for 2014 and 4.5 hours for 2013). The training schedule will include: course title, date, time, location, number of approved hours. This training schedule will be submitted to the Department. *smp 8-28-14*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/08/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Howard

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

Linda Howard

Date *5-19-14*

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-64 ©

AN ADMINISTRATOR SHALL HAVE 24 HOURS OF ANNUAL TRAINING

CORRECTION : ADMINATOR HAD ONLY 13 HOURS OF TAINNING IN THE YEAR 2013
SEE ATTACHED:

THERE IS NOTHING I CAN DO TO MAKE UP FOR THE HOURS NOT TAKNING BUT IN THE
YEAR 2014 I ALREADY HAVE OVER THE AMOUNT OF HOURS REQUIRED.

I WILL DIVIDE THE HOURS FOR TRAINING FOR THE YEAR AND THIS WILL NOT BE A
COMPLECATED FOR ME AND THE STAFF WILL ALSO BE UP ON THE HOURS.

*Perry South 2014
43373
5-19-14
Linda Howard*

*WEST
Perry*

*Susie Pollock (SNP) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock*

Page 8 of 34

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

Direct care staff person A, hired 2/23/14, did not receive training in any topics under regulation 2600.65a to include evacuation procedures and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

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

Please See Attached

Please see page 8^A of 34

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Staff person A completed the required training under regulation 2600.65a on 5/8/14.

By 9/28/14 - The administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a.

SMP 8-28-14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

The above plan of correction is approved as of 8-28-14
(Date)

Plan of correction implementation status as of 8-28-14
(Date)

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

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

ORIENTATION 1ST DAY 40 HOURS.

MUST INCLUDE FOR DIRECT CARE STAFF:

2600-65

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 responsibility's during fire drills as well as during emergency evacuation, transportation at an emergency location if applicable
3. the designated meeting place outside the building or within the fire safety area
4. smoking safety procedures the home;s smoking policy and location of the area
5. the location and use of fire extinguishes
6. smoke detectors and fire alarms
7. telephone use and locations with numbers for emergency's

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:
see the pink book

Patty Smith 2014
Jenna Howard
4/30/13
8-28-14

MAY 15 2014

Susie Pollock (sup) 8-28-14
 Regional Licensing Approval of Plan of Correction
 Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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
 Direct care staff person A, hired 2/23/14, did not receive training in any topics under regulation 2600.65b to include the emergency medical plan. This staff completed his/her 40th scheduled work hour on 3/16/14.

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.

See Attached Please see page 9A of 34

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Staff person A completed the required training under regulation 2600.64b on 4/30/14.

By 9/28/14 - The administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65b. *SNP 8-28-14*

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

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

| | |
|-------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-19-14</i> |
|-------------------------------------------------------------------------------------------------------|---------------------|

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

| | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
| The above plan of correction was approved by <u>SMO</u> (Initials) | |

ORIENTATION 1ST DAY 40 HOURS

MUST INCLUDE FOR DIRECT CARE STAFF:

2600-65

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 responsibility's during fire drills as well as during emergency evacuation, transportation at an emergency location if applicable
3. the designated meeting place outside the building or within the fire safety area
4. smoking safety procedures the home;s smoking policy and location of the area
5. the location and use of fire extinguishes
6. smoke detectors and fire alarms
7. telephone use and locations with numbers for emergency's

WITH THE FOLLOWING:

FOR MORE INFORMATION CONTACT THE SUPERVISOR OF THE FACILITY OR THE SUPERVISOR OF THE COUNTY CORRECTIONAL INSTITUTION

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:
see the pink book

Ferry South Pett
Jenala Howard
 4/23/13
 6218-14

RECEIVED

MAY 15 2014

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
 REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

Ausie Pollock (sm) 8-28-14
 Regional Licensing Approval of Plan of Correction
 Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

RECEIVED
 MAY 18 2014
 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 2/23/14, began providing unsupervised ADL services on 2/27/14. However, this staff person has not successfully completed and passed the Department-approved direct care training course and passing of the competency test.

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 A successfully completed and passed the Department-approved direct care training course and passed the competency test on 3/25/14.

By 9/28/14 -The administrator will review all current direct care staff training records to ensure all current direct care staff persons providing unsupervised direct care services have completed the required training in accordance with regulation 2600.65d. *SMP 8-28-14*

Please see page 10^A of 34

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

5-19-14

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

ORIENTATION 1ST DAY 40 HOURS

MUST INCLUDE FOR DIRECT CARE STAFF:

2600-65

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 responsibility's during fire drills as well as during emergency evacuation, transportation at an emergency location if applicable
3. the designated meeting place outside the building or within the fire safety area
4. smoking safety procedures the home;s smoking policy and location of the area
5. the location and use of fire extinguishes
6. smoke detectors and fire alarms
7. telephone use and locations with numbers for emergency's

WITH THE FOLLOWING:

SEE THE PINK BOOK FOR THE FOLLOWING INFORMATION: GENERAL FIRE SAFETY AND EMERGENCY PREPAREDNESS

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:
see the pink book

Larry South Patt
Linda Howell
 43373
 5-28-14

RECEIVED
 MAY 5 5 2014
 REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

Annie Pallack (sm) 8-28-14
 Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 6/4/04, did not receive the following required training topics in the training year 2013:

- * Medication self-administration
- * Infection control and general principle of cleanliness and hygiene

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

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

Please See Attached

Please see page 11 A of 34

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MAY 19 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

By 9/28/14 - Staff person B completed the required training under regulation 2600.65f.

By 9/28/14 -The administrator will review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65f. *SW 8-28-14*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SWP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

ORIENTATION 1ST DAY 40 HOURS

MUST INCLUDE FOR DIRECT CARE STAFF:

2600-65

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 responsibility's during fire drills as well as during emergency evacuation, transportation at an emergency location if applicable
3. the designated meeting place outside the building or within the fire safety area
4. smoking safety procedures the home;s smoking policy and location of the area
5. the location and use of fire extinguishes
6. smoke detectors and fire alarms
7. telephone use and locations with numbers for emergency's

WITH THE FIRST DAY OF WORK

THE PROGRAM SUPERVISOR SHALL BE RESPONSIBLE FOR THE ORIENTATION OF ALL NEW STAFF AND VOLUNTEERS TO THE PROGRAM AND TO THE FACILITY.

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:
see the pink book

Perry South Bell
Linda Howell
 43373
 5218-14

RECEIVED
 MAY 19 2014

STATE OF OHIO
 DEPARTMENT OF PUBLIC SAFETY

Annie Pallock (sm) 8-28-14
 Regional Licensing Approval of Plan of Correction
 Annie Pallock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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
 On 3/20/14 at 10:12 a.m., a 25 # bag of sugar was stored on the floor next to a one half used 50 # bag of Quick Wall Cement. The Quick Wall Cement label indicates, "Ingestion: Do not induce vomiting. If conscious, have the victim drink plenty of water and call a physician immediately."

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

Please see page 12¹ of 34

Please see Attached

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JUL 17 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

The sugar and cement were separated upon discovery.

Immediately - A designated staff person will check the home daily on each shift to ensure poisonous materials are stored separately from food, food preparation surfaces and dining surfaces.

By 9/28/14 - All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including storing food separately from poisonous materials.

SW 8-28-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

5-19-14

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-82.(B)

POISONIOUS MATERIALS

WE HAD SUGAR NEXT TO QUICK DWALL CEMENT

CORRECTION:

THE SUGAR AND THE CEMENT WERE SPEARTED AND A 3 INCH PLATFORM WAS PUT IN PLACE TO KEEP THINGS OFF THE FLOOR.

Jerde Howard
43573
8-28-14

[Faint, illegible text]

Ausie Pollock (sm) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

There were no paper towels, mechanical air blower hand dryer, individually labeled cloth towels or other sanitary means of drying hands in the second floor bathroom on 3/20/14 at 9:05 a.m.

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

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

Please see page 13 of 34

See Attached

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WEST REGIONAL OFFICE
 Human Services Licensing

Paper towels were placed in the second floor bathroom at the time of inspection.

An electric hand dryer was purchased on 6/17/14.

The administrator will check the home at least weekly to ensure sanitary conditions are maintained.

SNP 8-28-14

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

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

| | |
|-------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>8-28-14</i> |
|-------------------------------------------------------------------------------------------------------|---------------------|

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-85A

PAPER TOWELS

THERE WERE NO MEANS FOR THE RESIDENTS TO DRY THEIR HANDS IN THE 2ND FLOOR BATHROOM.

CORRECTION :

THE RESIDENTS ARE AWARE OF THE HAND TOWELS LOCATED IN THE CLOSET IN THE BATHROOM. THEY ARE ABLE TO GET THEM WHEN THEY NEED THEM.

THE REASON FOR THIS IS WE HAVE A RESIDENT , (#3) WHO HAS AN OBSESSION FOR PAPER TOWELS, HE WILL FLUSH THEM DOWN THE TOILET , AFTER NEEDING A PLUMBER 4 TIMES AT THE COST OF \$250.00 EACH TIME . WE DISCUSSED THE MATTER WITH THE STAFF AND RESIDENTS TO COME UP WITH A SALUTION .

WE CAN NOT CHANGE [REDACTED] BEHAVIORS DUE TO HIS MEDICAL PROBLEMS, SO THIS IS THE BEST WE CAN DO, IT SEEMS TO BE WORKING FOR EVERYONE. THE TIME AND COST TO HAVING THE BATHROOM OUT OF ORDER IS NOT WORTH US HAVING PAPER TOWELS IN THE BATHROOM,

IN THE FUTURE WE HOPE TO GET A HAND BLOWER FOR THE BATHROOM.

Linda Howard
4/3323
8/19/14

WEST
TOWNSHIP

Susie Pollock (SR) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There are no emergency numbers posted on or by the phones in the dining room and kitchen.

The current personal care home complaint hotline number is not posted on or by the phone in the second floor hallway.

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

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

Please see Attached *Please see page 14^A of 34*

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MAY 1 2014

WEST REGIONAL OFFICE
 Human Services Licensing

Emergency telephone numbers, to include the Personal Care Home Complaint Hotline were posted on 3/21/14.

The administrator or designated staff person will check the home daily to ensure the emergency numbers, to include the Personal Care Home Complaint Hotline telephone number is posted on or by each telephone.

By 9/28/14 - All staff persons will be educated that emergency telephone numbers including the personal care complaint hotline telephone number shall be posted on or by each telephone. Documentation of education shall be kept. *SMP 8-28-14*

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 03/08/2013 |
|-----------------------|-----------------------------------|------------|

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

| | |
|-------------------------------------------------------------------------------------------------------|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-19-14</i> |
|-------------------------------------------------------------------------------------------------------|------------------------|

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

The above plan of correction is approved as of 8-28-14
 (Date)

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

Plan of correction implementation status as of 8-28-14
 (Date)

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

PERRY SOUTH PERSONAL CARE HOME

EMERGENCY NUMBERS

2600-

While having our inspection we did not have the Adult Personal Care HOT Line number listed as one of our emergency numbers, it has been added and will be a part of our numbers listed.

Medicine Shoppe [REDACTED]

Department of Public Welfare [REDACTED]

Adult Residential Licensing [REDACTED]

Area on Aging Ombudsman [REDACTED]

Access transportation [REDACTED] downtown [REDACTED]

Pittsburgh Fire House [REDACTED] direct number

Poison Control [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

W/ [REDACTED]
[REDACTED]
[REDACTED]

PC H
Residential Hot Line Number 1-877-401-8835

Linda Howard
43373
8-19-14

Susie Pollock (sup) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit does not include scissors and tape.

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

Please See Attached *Please see page 15A of 34*

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 WEST REGION PHHS OFFICE
 Human Services Licensing

Scissors and tape have been added to the first aid kit.

By 9/28/14 - All staff persons will be educated on the need to maintain proper first aid kit contents and the uses for each item in the event of an emergency.

By 9/28/14 - A designated staff person will check the contents of the first aid kit at least weekly and after each use to ensure all require items in accordance with regulation 2600.96a are present. *SNP*
 8-28-14

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

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

| | |
|-------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-18-14</i> |
|-------------------------------------------------------------------------------------------------------|---------------------|

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SNP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

PERRY SOUTH PERSONAL CARE HOME
1129 TWEED STREET
PITTSBURGH PA 15204

2600-96 FIRST AID KIT

At the time of inspection the first aid kit did not have scissors or tape, these things have been added to the kit along with the things also go into the kit. A monthly check will be done so we dont miss anything

The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads thermometer, adhesives tape, scissors, breathing shield, eye coverings, and tweezers.

Staff persons shall know the location of the first aid kit.

The first aid kit must be in a location be in a location that is easily accessible to staff persons.

MAY 2 2014

2600.96(a) - The home shall have
a that includes:
nonporous disposable gloves,
antiseptic,
adhesive bandages,
gauze pads,
thermometer,
adhesive tape,
scissors,
breathing shield,
eye coverings
tweezers.

Lorena Howard

43373

5219-14

Susie Pollock (Sno) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

There is no source of light that can be turned on/off from bedside for the following residents:

- * Resident #1's lamp is approximately 4 feet from bedside
- * Resident #2's lamp is approximately 3 feet from the foot of the bed on a dresser.
- * Resident #3's lamp is inoperable.

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.

Immediately - Residents #1, #2 and #3 will have an operable source of light that can be turned on/off from bedside.

We have put touch lights on all 8 head boards of all residents so they can have lights at their convenience.

We will check monthly to make sure the batteries are still good.

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MAY 14 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Immediately - Residents #1, #2 and #3 will have an operable source of light that can be turned on/off from bedside.

By 9/28/14 - A designated staff person will check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Documentation of checks shall be kept.

By 9/28/14 - All staff persons will be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Documentation of education shall be kept. *Sno 8-28-14*

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 03/08/2013 |
|-----------------------|-----------------------------------|------------|

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

The above plan of correction is approved as of 8-28-14 (Date)

Plan of correction implementation status as of 8-28-14 (Date)

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

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

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

RECEIVED

MAY 23 2014

2a. DESCRIPTION OF VIOLATION
 On 3/20/14 at 10:12 a.m., the following food items were stored on the basement floor:

WEST REGIONAL HEALTH CARE
 Human Services Library

- * 1 case of Hug Fruit Barrels
- * 25 # bag of sugar

On 3/20/14 at 10:25 a.m., the following food items were stored on the closet floor next to the kitchen:

- * 5 cans of Hug Fruit Barrels
- * 1 case of Faygo soda
- * 1 gallon of white vinegar

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 goes along with the Regulation which does not allow food to be stored on the floor. we added a 3" high shelf on the bottom of the cupboard in the hallway to keep everything off of the floor.

By 9/28/14 - A designated staff person will check all for storage areas at least weekly to ensure food is stored off of the floor.

By 9/28/14 - All staff persons involved in food storage and preparation will be educated that food shall be stored off of the floor.

SWP 8-28-14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) The above plan of correction was approved by <u>SWP</u> (Initials) | Plan of correction implementation status as of <u>8-28-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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 3/20/14, the following temperatures were measured in the home's freezers:

- * 8 degrees F at 10:08 a.m. and at 4:03 p.m. in the kitchen freezer
- * 5 degrees F at 10:21 a.m. in the basement Gibson freezer next to the linen cabinet
- * 4 degrees F at 10:22 a.m. in the basement freezer in the corner

RECEIVED

WEST PENNSYLVANIA OFFICE
 Human Services Licensing

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 freezers and refrigerators were defrosted and set at the correct temperatures. correction is before going shopping for each month they will be checked and set accordingly.

By 9/28/14 - The administrator or designated staff person will monitor all refrigerators and freezers, during their regular duties, to ensure all food items are stored at safe temperatures.

By 9/28/14 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. *5/8/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

5-19-14

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

The above plan of correction is approved as of

8-28-14
 (Date)

Plan of correction implementation status as of

8-28-14
 (Date)

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

The above plan of correction was approved by

SMP
 (Initials)

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 3/20/14 at 10:05 a.m., there was an opened and unsealed plastic bag of cheese in the kitchen refrigerator.

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.

see Attached Please see page 19^A of 34.

RECEIVED

MAY 15 2014

WEST REGIONAL OFFICE
Human Services Licensing

The cheese was sealed at the time of discovery.

By 9/28/14 - A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers.

By 9/28/14 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures.

Sho 8-28-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

5-19-14

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

The above plan of correction is approved as of 8-28-14
(Date)

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

Plan of correction implementation status as of 8-28-14
(Date)

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

PERRY SOUTH PERSONAL CARE HOME

REGUALTION 2600-103 G

STORED FOOD

AT THE TIME OF INSPECTION LUCHES WERE MADE FOR THE RESIDENTS WHO GO OUT TO DAY PROGRAMS, AND THE CHEESE WAS PLACED BACK IN THE REFRIGERSATOR .THE PACK WAS DATED, JUST THE ZIP WAS NOT CLOSED. IT WAS PUT BACK AND WOULD BE USED FOR LUNCH,

CORRECTION: WE WILL TAKE EXTRA CARE TO MAKE SURE THE ZIPS ON THE PACKS ARE CLOSED AND EVERYTHING WILL BE COVERED AND DATED DAILY.

Handwritten notes:
A. ...
...
...
...

Handwritten signature and date:
Susie Pollock (str) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 The last fire drill conducted during sleeping hours was on 3/2/13 at 12:00 a.m.

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

Please see page 20th of 34
Please See Attached

RECEIVED

MAY 1 3 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

A sleeping hour fire drill was conducted on 6/3/14 at 2:00 a.m.

By 9/28/14 -The administrator will conduct a sleeping hour fire drill in the months of September and December 2014.

By 9/28/14 - All staff persons will be educated on the requirements of sleeping hour's fire drills. *SWP 8-28-14*

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

| | |
|---------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Suzanne Howard</i> | Date <i>8-28-14</i> |
|---------------------------------------------------------------------------------------------------------|---------------------|

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

PERRY SOUTH PERSONAL CARE HOME

2600-132 FIRE DRILLS

- (A) AN UNANNOUNCED FIRE DRILL SHALL BE HELD AT LEAST ONCE A MONTH
- (B) A FIRE SAFTY INSPECTION AND FIRE DRILL CONDUCTED BY A FIRE SAFTY EXPERT SHALL BE CONDUCTED ANNUALLY. DOCUMENTATION OF THIS FIRE DRILL AND FIRE SAFTY INSPECTION SHALL BE KEPT.
- © A WRITTEN FIRE DRILL RECORD MUST INCLUDE THE DATE THE AMOUNT OF TIME IT TOOK FOR EVACUATION, THE EXIT THAT WAS TAKEN, THE NUMBER OF RESIDENTS THAT WERE EVACUATED, THE AMOUNT OF STAFFPERSONS PARTICIPATING, PROBLEMS IF ANY THE FIRE ALARM OR SMOKE DETECTORS OPERATIVE.
- (D) RESIDENTS SHALL BE ABLE TO EVACUATE THE ENTIRE BUILDING TO A PUBLIC THROUGHFARE, OR TO A FIRE-SAFE AREA DESIGNATED IN WRITING WITHIN THE PAST YEARBY A FIRE SAFETY EXPERT.
- (E) A FIRE DRILL SHALL BE HELD DURING SLEEPING HOURS ONCE EVERY (6) MONTHS
- (F) ALTERNATE EXIT SHALL BE USED DURING FIRE DRILLS
- (G) FIRE DRILLS SHALL BE HELD ON DIFFERENT DAYS OF THE WEEK, AT DIFFERENT TIMES.
- (H) RESIDENTS SHALL EVACUATET TO A DESIGNATER MEETING PLACE AWAY FROM THE HOUSE OR WITHIN THE FIRE-SAFE AREA DURING EACH FIRE DRILL.
- (I) A FIRE ALARM OR SMOKE DECTOR SHALL BE SET OFF DURING EACH FIRE DRILL.
- (J) ELEVATORS MAY NOT BE USED DURING A FIRE DRILL.

Sandra Howard
94573
3-19-14

Susie Pollock (sm) 8-28-14
Regional Licensing Acceptance of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

RECEIVED

2a. DESCRIPTION OF VIOLATION
 Resident 1's most recent medical evaluation was completed on 7/16/12.

WESTERN PENNSYLVANIA STATE UNIVERSITY

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.

It is very hard getting forms from the V.A. Hospital. I start faxing the forms and mailing them out but with very little luck of getting the forms back.

Correction:
 I will try to send out the forms AT least once a month 3 months in advance the once a week after that. We also try calling the office but don't get much response

Please see page 21^A of 34

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *8-28-14*

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

page 21A of 34

DATE 11-01-2013

PERRYSOUTH PERSONAL CARE HOME
1129 TWEED STREET
PITTSBURGH PA 15204
412-777-9828

ADMINISTRATOR : LINDA HOWARD

PLEASE FILL IN [REDACTED] AND FAX IT BACK TO US THIS WAS
TO BE DONE IN JUNE OF 2013 WE FAXED THE PAPERS SEVERAL TIMES BUT WE NEED
THEM TO BE DONE (COULD YOU FAX THEM THEN MAIL THE HARD COPY)
[REDACTED]

THANK YOU IN ADVANCE

Linda Howard

43373

5-29-14

RECEIVED

MAY 29 2014

WEST VIRGINIA BILL OFFICE
Human Services Licensing

Resident #1 had a medical evaluation completed on 6/20/14.

By 9/28/14 - The administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed, accurate and present in each resident's record. Documentation shall be kept.

By 9/28/14 - A resident document tracking system will be developed and implemented to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe. Documentation shall be kept. SP 8-28-14

Susie Pollock (sno) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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
 There was no menu posted stating the date, time or the specific food being served at each meal.

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.

See Attached Please see page 22^A of 34

RECEIVED
 MAY 1 8 2014
 WESTMINSTER OFFICE
 Human Services Monitoring

Immediately - The administrator will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public place in the home. *SNP*
 8-28-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howell*

| | |
|-------------------------------------------------------------------------------------------------------|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howell</i> | Date <i>8-28-14</i> |
|-------------------------------------------------------------------------------------------------------|------------------------|

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

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|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SNP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-163 ©

THERE WAS NO MENU POSTED WITH DAT TIME OR SPECIFIC MEALS FOR A WEEK.

CORRECTION:

WE ARE ASKING FOR A VARIENCE WITH THIS REGULATION,

OUR RESIDENTS ARE VERY MUCH INVOLVED WITH MENU PLANNING. THEY MAKE SUGGESTIONS DAILY ON WHAT THEY WILL BE EATING. THIS IS A VERY GOOD WAY TO KEEP THEM WITH CONVERSATION, AND IDEAS FOR THE HOME. EVERYONE HAS AN OPIOIN ,

WE KEEP A CALENDER WITH DAILY MENUES LOCATED ON THE SIDE OF THE REFRIDGERATOR SO WE DON'T HAVE THE SAME THING BACK TO BACK.

THIS IS WHAT WE DO HERE FOR THE LAST SEVEN YEARS. WE CHANGE THIS FOR BIRTHDAYS A ND SPECIAL HOLIDAYS , WE WOULD LIKE TO KEEP OUR SYSTEM THE SAME IF WE CAN IT WORKS FOR US.

Linda Howard

1-23-13

8-11-14

W. C. W.

P.

Susie Pollock (sm) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 3/2/14 and 3/19/14, staff person A administered medications to several residents, including residents #1, #2, and #4. Staff person A is not a medical professional and has not completed the Department's medication administration training.

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

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

*Attached is a copy of the STAFF A.
for completion of her Medication Course*

RECEIVED

MAY 19 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately - At no time will a staff person who is not qualified to administer medications, administer medications to the residents.

Staff persons A, has successfully completed the Department-approved medication administration training on 5/14/14.

By 9/28/14 - The administrator will review all medication administration training records as part of the quality management review to ensure all staff persons continue to meet the qualifications to administer medications.

5-10-14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *02-19-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SHP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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 home does not have procedures for the safe use of medications and medical equipment.

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.

See Attached Please see page 24^A of 34

RECORDED

MAY 23 2014

WEST PENNSYLVANIA REGIONAL
 HUMAN SERVICES CENTER

By 9/28/14 - The administrator will devise and implement written procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Documentation shall be kept.

By 9/28/14 - All staff persons qualified to administer medication will be re-educated on the procedures. Documentation shall be kept. *smo*

8-28-14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

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|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>smo</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>smo</i> |

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-185

ACCOUNTABILITY OF MEDICATION AND CONTROLLED SUBSTANCE

(A) THE HOME SHALL DEVELOP AND IMPLEMENT PROCEDURES FOR THE SAFE STORAGE, ACCESS, SECURITY, DISTRIBUTION AND USE OF MEDICATION AND MEDICAL EQUIPMENT BY TRAINED STAFF PERSONS.

(B) AT A MINIMUM, THE PROCEDURES MUST INCLUDE:

1. DOCUMENTATION OF THE RECEIPT OF CONTROLLED SUBSTANCES AND PRESCRIPTION MEDICATION
THERE WILL BE TWO PEOPLE WHO WILL COUNT WHEN THE MEDICATION COMES INTO THE HOME. AND WHEN IT GOES BACK TO THE DRUG STORE IF NOT ALL USED.
2. A PROCES TO INVESTAGATE AND ACCOUNT FOR MISSING MEDICATIONS AND MEDICATION ERRORS
3. (WE HAVE A SHEET IN WHICH ERRORS ARE TO DOCUMENTED.) SEE ATTACHED:
4. LIMITED ACCESS TO MEDICATION STORAGE AREAS. MEDICATION IS LOCKED DURING HOURS IN WHICH THE MEDICAITON I NOT BEING PASSED.
5. DOCUMENTATION OF THE ADMINISTRATION OF PRESCRIPTIONS, OTC, MEDICATIONS AND CAM FOR RESIDENTS WHO RECEIVE MEDICATION ADMINISTRATION SERVICES OR ASSISTANTANCE WITH SELF-ADMINISTERED MEDICATIONS.

THIS RESSQUIRMENT DOES NOT APPLY TO A RESIDENT WHO SELF ADMINISTERS MEDICATION WITH OUT HELP AND STORES HIS/HER MEDICION IN HIS ROOM.

ALL MEDICAITON EVEN OTC WILL BE DOCUMENTED ON THE MARS, FOR EACH RESIDENT.

Susie Pollock
8-28-14

4/23/23

Susie Pollock (sup) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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.

[Faint handwritten notes and stamps]

2a. DESCRIPTION OF VIOLATION

Resident #1's March 2014 medication administration record (MAR) does not include the dose for his/her Atorvastatin Calcium 80 mg take one-half tablet by mouth at bed time.

Resident #2's March 2014 MAR does not include the diagnosis or purpose for any of any his/her medications to include the following medications to include the following:

- * Omeprazole 40 mg capsule
- * Atenolol 100 mg tablet
- * Hydroxyzine PAM 25 mg capsule

Resident #4's March 2014 MAR does not include the diagnosis or purpose for any of his/her medications to include the following medications:

- * Sertaline HCL 25 mg tablet
- * Atorvastatin 20 mg tablet
- * Naproxen 500 mg tablet

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

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

Please see page 25^A of 34

| | | | | |
|----------------------|-----------------------------------|--|--|--|
| 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) *Linda Howard* Date *8-28-14*

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

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|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress |

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-187 (A)

MDICATION RECORDS

CORRECTION :

THERE WERE SEVERAL MISTAKES MADE ON OUR PART FOR NOT LOOKING AT THE MARS WHEN THEY COME FROM THE DRUGS STORE IT IS OUR RESPONDSIBILITY TO CHECK EACH PACK OF PILLS AND LOOK AT THE MARS TO SEE IF THEY ARE CORRECT.

THERE WERE SEVERAL MEDICATIONS WITH OUT EVERY THING ON IT.

WE HAVE NOTIFYED THE DRUG S STORE TO MAKE SURE TO INCLUDE THIS ON THE MEDICATIONS , BUT WE WILL BE KEEPING ACCOUNT FOR ANYTHING THA T IS MISSING AND MAKE ANY CORRECTIONS.

WE WILL ALSO MAKE SURE THAT THE CORRECT DATE, TIME, PERSON, DOSE, NAME, AND HAVE EVERY INITAL AFTER GIVING MEDICATIONS

WE HAVE ALL TKEN THE MEDICATION CLASS AND PASSED

Linda Howard
43373
5-19-14

RECEIVED
MAY 13 2014
WEST VIRGINIA OFFICE
Human Services Licensing

Resident #1's MAR has been updated to include prescribed dose for all prescribed medications.

Resident #2's MAR has been updated to include diagnosis or purpose for all prescribed medications.

Resident #4's MAR has been updated to include diagnosis or purpose for all prescribed medications.

By 9/28/14 - The administrator or designated staff person qualified to administer medications will review all resident MARs to ensure all prescribed medications are documented on the MARs including a dose, purpose or diagnosis for each medication.

By 9/28/14- The administrator will check all resident MARs at least weekly to ensure all prescribed medications are documented on the MARs including a dose, purpose or diagnosis for each medication.

Susie Pollock (Sme) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

*Resale - Howard - 5-19-14***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.

The above plan of correction was approved by

SWP
(Initials)

Partially Implemented - Inadequate Progress

SWP



Not Implemented

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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
 Staff person A was instructed by staff person B to pass medications and sign staff person C's name for the medication passed on 3/14/14, 3/16/14 and 3/19/14. Staff person C was in the hospital on those days. Staff person A is not a trained medication passer and is not listed as a medication passer on the MAR. Staff person A passed medications and signed staff person C's name on 3/14/14, 3/16/14 and 3/19/14.

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.

see attached Please see page 27^A of 34.

RECEIVED
 MAY 15 2014
 WEST VIRGINIA FIELD OFFICE
 Nursing Professions Licensing

Immediately - At no time will a staff person who is not qualified to administer medications, administer medications to the residents or sign another staff person's name to the MAR.

Staff persons A, B and C have successfully completed the Department-approved medication administration training respectively on 5/14/14, 4/29/14 and 4/28/14.

By 9/28/14 - All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

By 9/28/14 - The administrator will review all MARs daily to ensure the proper documentation of medication administration.
SMP 8-28-14

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

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

| | |
|-------------------------------------------------------------------------------------------------------|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-19-14</i> |
|-------------------------------------------------------------------------------------------------------|------------------------|

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

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|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SMP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SMP</i> <input type="checkbox"/> Not Implemented |

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600-187 B

REGULATION 2600 187

SIGNING THE MARS

SAYS THAT ALL MEDICATION SHALL BE PASSED AND SIGNED AT THE SAME TIME ON THE MARS. THIS WAS A BIG MESS!! THE STAFF PERSON WHO GAVE THE ORDER AND THE ONE WHO MADE THE MISTAKE WHER AT BOTH AT FAULT. I DO APOLIAGIZE FOR THIS, HAS NEVER HAPPENED BEFORE, AND WITH ME BEING IN THE HOSPITAL AT THE TIME THEY HAD NO ONE TO ASK WHAT TO DO, THEY TRYED TO GET ME BUT I WAS NOT AVAILABLE .

PLAN OF CORRECTION :

I HAVE BEEN INTOUCH WITH [REDACTED] FROM [REDACTED] [REDACTED] TO BE OUR BACK UP IF EVER NEEDED. [REDACTED] HAS BEEN AN ADMINISTRATOR FOR THE LAST EIGHT YEARS, AND HAS BEEN EDUCATED ABOUT OUR HOME AND THE RESIDENTS. [REDACTED] WILL BR NOTIFYED IN CASE OF US NEEDING [REDACTED] IN THE FUTURE.

Janet Howard
43373
153, 29-119

Susie Pollock (sno) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 2/23/14, has not successfully completed the Department-approved medications administration course; however, administered the following medications, on 3/2/14, as indicated on the March 2014 MAR.

*Resident #1

- Aspirin 81 mg,
- Citalopram 40m
- Multivitamin
- Benzotropine 1 mg
- Loratadine 10 mg
- Atorvastatin 80 mg
- Acetaminophen 325 mg

* Resident #2

- Omeprazole 40 mg
- Potassium CL ER 20 meq
- Atenolol 100 mg
- Verapamil 180 mg
- Anastrozole 1 mg
- Tamsulosin HCL 0.4 mg
- Hydroxyzine PAM 25 mg
- Pravastatin Sodium 40 mg
- Silver Sulfadiazine 1% cream

*Resident #4

- Sertraline HCL 25 mg
- Tamsulosin HCL 0.4 mg
- Clopidogrel 75 mg
- Enalapril Maleate 5 mg
- Atorvastatin 20 mg
- Asprin 325 mg
- HCTZ 12.5 mg
- Naproxen 500 mg
- Metoprolol Tartrate 50 mg
- Tramadol HCL 50 mg
- Gabapentin 800 mg

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

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

Please see page 29 of 34

| | | | | | |
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| Repeat Violation: No | Date(s) of Previous Violation(s): | | | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | | | Date |
| <i>Linda Howard</i> | | | | | <i>5-19-18</i> |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie PCH Name: PERRY SOUTH PERSONAL CARE HOME | |
| 1. REGULATION 55 Pa.Code §2600 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SMP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

RECEIVED

MAY 19 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Linda Howard
5-19-14
433-73

Immediately - At no time will a staff person who is not qualified to administer medications, administer medications to the residents or sign another staff person's name to the MAR.

Staff persons A, B and C have successfully completed the Department-approved medication administration training respectively on 5/14/14, 4/29/14 and 4/28/14.

By 9/28/14 - All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

By 9/28/14 - The administrator will review all MARs daily to ensure the proper documentation of medication administration. *SMP 8-28-14*

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted 2/4/14, has not been educated to the resident's right to refuse medication if the resident believes there may be a medication error.

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

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

Please see Attachments for Corrections

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MAY 16 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Resident #4 has been educated on the right to refuse medication if the resident believes there may be a medication error.

All resident records were reviewed. All current residents have been re-educated on the right to refuse medication if the resident believes there may be a medication error.

Sno 8-28-14

Please see page 30^A of 34

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

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

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

Date *8-19-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>Sno</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sno</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

PERRY SOUTH PERSONAL CARE HOME

REGULATION 2600 CODE 191

VIOLATION WAS THAT THE RESIDENT #4 DID NOT KNOW HAVE THE EDUCATION OF HIS RIGHT TO REFUSE HIS MEDICATION IF HE THOUGHT THERE WAS AN ERROR.

CORRECTION TO THIS :

RESIDENT #4 WAS EDUCATED ALONG WITH ALL OF THE OTHER RIGHTS [REDACTED] IS INITIALED TO, [REDACTED] SIGNED AND DATED AS SUCH. BUT THE DIRECT QUESTION ABOUT THE MEDICATION ERRORS MIGHT BE MADE AND IF [REDACTED] CAN REFUSE TO TAKE IT WAS UNDERSTOOD , BUT NOT TRANSLATED TO THE INSPECTOR.

THE RESIDENT #4 HAS VERY FEW WORDS [REDACTED] CAN RELAY, MOST OF THEM ARE YES,NO, AND [REDACTED] RIGHTS DOWN MOST OF [REDACTED] ANSWERS. EVEN STILL [REDACTED] NEEDS TIME TO USE [REDACTED] BODY FOR ANSWERES, IF THIS IS NOT DONE [REDACTED] ANSWERS MIGHT NOT BE WHAT THEY MAY SEEM TO BE. IT HAS TAKEN US TIME TO KNOW [REDACTED] MEANINGS.

[REDACTED] YEARS BEFOR HE CAME TO US, THIS IS HIS WAY OF COMMUNACATION .

Linda Howard
4/23/13
2/27/13

Susie Pollock (sm) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current written description of services.

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

Please see Attached

Please see page 31 of 34

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MAY 19 2014

The home has developed and implemented a description of services.

WEST REGION FIELD OFFICE
 Human Services Licensing

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

The above plan of correction is approved as of 8-28-14
 (Date)

Plan of correction implementation status as of 8-28-14
 (Date)

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

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

PERRY SOUTH PERSONAL CARE HOME

DESCRIPTION OF SERVICES 2600 223

THE HOME SHALL HAVE CURRENT WRITTEN DESCRIPTION AND ACTIVITIES THAT THE HOME PROVIDES INCLUDING THE FOLOWING.

2600- 223

1.The home shall have a description of the services and activities that the home provides (a) we have a Medical Doctor and his services are available 24hrs daily(b) the doctor will attend to all residents at the home who has the correct insurance the home helps with laundry for the ones who need it (d) meals are provided (3) and snacks daily(e) Medication is administrated to all residents at the correct date an time, route and make all corrections as the medication comes to the home from the drugs store (f) the home has 24 hr supervision (g) any one who needs help with ADL'S will get the help they need.

Description of services all so will include the following

2600-224 preadmission screening : is a form that is used to see if the home can meet the needs of the resident this to done with the resident if they can take part or with a agency person.

2600-225 Initial and annual assessment : a resident shall have a written assessment that is documented on the department of welfare form within 15 days of admission, annually, conditions change, resident doctor request,

ADMISSION:

2600-277

SUPPORT PLAN

development of a support plan: with in 30 days after admission to the home.there will be given a support plan which includes the following,

1. This shall be revised 30 days of the annual plan.
2. Each home has to document mental, hearing, vision, other behavioral needs.abiality to takes medication,
3. all residents who take part must sign the forms documented if not signed by resident.
4. Must be available to all staff persons at all times.

2600- 228

NOTIFICATION OF TERMINATION

The home shall help if the resident needs it to relocate, home shall provide a written 30 day notice.A 30 day notice is not required if the delay will cause anyone direct harm.

The home will give written notice to the department (60) days if the home will be closing.

SEE AND READ MORE NEEDS IN THE PINK CODE BOOK

*Susie Pollock (sno) 8-28-14
Regional Licensing Approval of Plan of Correction
Susie Pollock*

*Sandra Howard
1733 253
5-19-14*

Violation Report: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the home on 2/4/14; however, an assessment was not completed.

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

Please see Attached

RECEIVED

WEST REGIONAL OFFICE
 Human Services Licensing

*Violation Withdrawn
 Smr 8-28-14*

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

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

| | |
|-------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i> | Date <i>5-27-14</i> |
|-------------------------------------------------------------------------------------------------------|---------------------|

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) | <input 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: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the home on 2/4/14; however, a support plan was not completed.

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

*Violation Withdrawn
 SMP 8-28-14*

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

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

| | |
|-------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i> | Date <i>5/28/14</i> |
|-------------------------------------------------------------------------------------------------------|---------------------|

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: 43373 - 03/20/2014 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #4 record does not include a photograph.

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.

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 MAY 13 2014
 WEST REGION FIELD OFFICE
 Human Services Licensing

Please see attached

Resident #4 record now contains a photo dated, 5/19/14.

All 8 residents had a new photo taken on 6/9/14. The photos were placed in the residents files.

By 9/28/14 - The administrator or designated staff person will review all current and newly admitted residents' records to ensure the required contents of resident records are in accordance with regulation 2600.252.

SMP 8-28-14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-19-14*

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

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SMP</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PCH Name: PERRY SOUTH PERSONAL CARE HOME | | License Number: 43373 |
| Address: 1129 TWEED STREET, PITTSBURGH, PA 15204 | | County: Allegheny |
| Administrator: Linda Howard | | Region: WEST |
| Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD | | |
| Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204 | | RECEIVED |
| Certificate(s) of Occupancy R-4 10/30/2008 City of Pittsburgh | | JUN 27 2014 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 8 | Waking Staff: 6 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Interim | | |
| On-Site Inspections Dates and Department Representatives On-Site 05/28/2014: Garrigan, Laurie; Mandock, Nancy | | |
| 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: 8 Number of Residents Served: 8 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: 4 Are 60 Years of Age or Older: 6 Have Mental Illness: 8 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0 |

JUN 28 2014

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

There is a layer of grease/grime covering the entire top of the refrigerator in the kitchen.

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

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

The Top & sides were degreased AFTER our inspection and we will be maintaining the cleanliness of the fridge and other appliances weekly, and more often to keep everything in better condition

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *6-17-14*

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

The above plan of correction is approved as of 8-28-14
(Date)

Plan of correction implementation status as of 8-28-14
(Date)

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

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

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JUN 24 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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
Two knobs are missing from resident #1's nightstand exposing two pointed screws approximately 1/2 inch in length, posing a safety 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.

The night stand was removed & replaced AS NOT to pose A SAFETY HAZZARD to the Resident.

The administrator will check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards.

SMP
8-28-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date

6-17-14

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

The above plan of correction is approved as of 8-28-14
(Date)

Plan of correction implementation status as of 8-28-14
(Date)

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

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

RECEIVED

JUN 26 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #4's most recent medical evaluation was completed 7/16/12.
Resident #6's most recent medical evaluation was completed 1/6/12.

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

Resident # 6 includes A copy of MA Form Pa 2013
And A new one done on 6-2014 A new form
will be done by the House Doctor yearly. He is now
able to Take his insurance so this and other Routine
thing can be done.

Resident # 4 Now has an updated OMB & MA-51
which were done by the House Doctor and he
Also will have these Routine thing done.

By 9/28/14 - The administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed, accurate and present in each resident's record. Documentation shall be kept.

By 9/28/14 - A resident document tracking system will be developed and implemented to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe. Documentation shall be kept.

SW
8-28-14

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LINDA HOWARD Date 6-23-14

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

| | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>8-28-14</u> - (Date) | Plan of correction implementation status as of <u>8-28-14</u> (Date) |
| The above plan of correction was approved by <u>SW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress SW <input type="checkbox"/> Not Implemented |

JUN 28 2014

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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:

WEST REGION FIELD OFFICE
Human Services Administration

- (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

Residents #2, #3 and #4 medication administration records (MAR) indicate "Charting for/Through 03/01/2014 - 03/31/14"; however, these MAR's are currently being used to document medication administration for the month of May 2014.

Resident #3 is prescribed Ferrous Sulfate 325mg-take once daily; however, the resident's May 2014 MAR does not include a diagnosis or purpose for this medication.

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 MAR'S have been updated to make sure diagnosis are corrected. We will make sure by having two people checking them before they are put in the MAR'S book

Please see 5^A of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date

6-17-14

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

The above plan of correction is approved as of

8-28-14
(Date)

Plan of correction implementation status as of

8-28-14
(Date)

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

The above plan of correction was approved by

SW
(Initials)

SW

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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.

RECEIVED

AUG 12 2014

WEST... OFFICE
Human Services.../...ing

2a. DESCRIPTION OF VIOLATION

Residents #2, #3 and #4 medication administration records (MAR) indicate "Charting for/Through 03/01/2014 - 03/31/14"; however, these MAR's are currently being used to document medication administration for the month of May 2014.

Resident #3 is prescribed Ferrous Sulfate 325mg-take once daily; however, the resident's May 2014 MAR does not include a diagnosis or purpose for this medication.

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 9/28/14 - The administrator or designated staff person qualified to administer medications will review all resident MARs to ensure all prescribed medications are documented on the MARs including a dose, purpose or diagnosis for each medication.

By 9/28/14- The administrator will check all resident MARs at least weekly to ensure all prescribed medications are documented on the MARs including a dose, purpose or diagnosis for each medication.

smo
8-28-14

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date

8-11-14

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

The above plan of correction is approved as of 8-28-14
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person A administered all 8:00 a.m. and 8:00 p.m. prescribed medications to include, Benzotropine Mesylate 1mg, to resident #4 on the following dates:

- * 5/1/14
- * 5/4/14
- * 5/5/14
- * 5/9/14
- * 5/10/14
- * 5/12/14
- * 5/15/14
- * 5/22/14
- * 5/24/14
- * 5/26/14

However, staff person A did not initial the May 2014 MAR until 5/28/14.

On 5/19/14, at 8:00 p.m., staff person A administered Docusate Sodium 100mg capsule to resident #3; however, this staff person did not initial the May 2014 MAR until 5/28/14.

On 5/3/14, at 8:00 a.m., staff person B administered Bicalutamide 50mg to resident #2; however, this staff person did not initial the May 2014 MAR until 5/28/14.

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.

Please see page 6 of 6

AFTER TALKING TO STAFF "A" FOR WHAT HAPPENED: SHE SAID, THE TWO OF THEM WORKED TOGETHER, AND THEY EACH GAVE MEDS, AND THEY MARKED THEIR OWN MEDS GIVEN. I STRESSED TO THEM THIS CAN'T HAPPEN AGAIN. THERE WILL BE ONLY ONE PERSON PER SHIFT TO MARK THE MAR'S. WE DON'T HAVE A MEDICINE TIME FOR EACH PERSON. TIMES ARE 8 AM - 8:20 AM - 5 PM. I WILL GO OVER ALL MAR'S DURING A WEEK AND PUT MISTAKES ON THE BACK AND BRING IT TO THEIR ATTENTION.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LINDA HOWARD* Date *6-18-14*

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

The above plan of correction is approved as of 8-28-14 (Date)

Plan of correction implementation status as of 8-28-14 (Date)

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

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

Violation Report: 43373 - 05/28/2014 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 12 2014

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

Staff person A administered all 8:00 a.m. and 8:00 p.m. prescribed medications to include, Benzotropine Mesylate 1mg, to resident #4 on the following dates:

- * 5/1/14
- * 5/4/14
- * 5/5/14
- * 5/9/14
- * 5/10/14
- * 5/12/14
- * 5/15/14
- * 5/22/14
- * 5/24/14
- * 5/26/14

However, staff person A did not initial the May 2014 MAR until 5/28/14.

On 5/19/14, at 8:00 p.m., staff person A administered Docusate Sodium 100mg capsule to resident #3; however, this staff person did not initial the May 2014 MAR until 5/28/14.

On 5/3/14, at 8:00 a.m., staff person B administered Bicalutamide 50mg to resident #2; however, this staff person did not initial the May 2014 MAR until 5/28/14.

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.

By 9/28/14 - All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

By 9/28/14 - The administrator will review all MARs daily to ensure the proper documentation of medication administration.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *8-11-14*

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

The above plan of correction is approved as of 8-28-14
(Date)

Plan of correction implementation status as of _____
(Date)

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

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