

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

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
 The contract for resident # 1 was not signed by the resident.

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

2600.25b – Our practice is that residents sign their contracts on the day of admission, even if residents are not present during the signing of settlement paperwork. This one was inadvertently overlooked. Going forward, the PC Support Coordinator will double check all signatures on forms (after the Administrator has them signed) before filing them to ensure compliance. Resident #1 has now signed her contract and used the admission date (see attached).

The administrator or designee will audit all resident records to ensure that the contracts are signed by the resident within 30 days of receipt of this plan of correction. *On per admin 5/1/14*

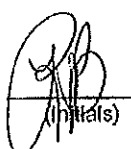
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/19/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs* Date *4/28/14*

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

The above plan of correction is approved as of *5/1/14*
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of *5/1/14*
 (Date)

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

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the informallon specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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

2600.41e – Our practice is that residents receive a copy of their rights and complaint procedures and sign an acknowledgement on the day of admission, even if residents are not present during the signing of settlement paperwork. This one was inadvertently overlooked. Going forward, the PC Support Coordinator will double check all signatures on forms (after the Administrator has them signed) before filing them to ensure compliance. Resident #1 has now signed acknowledgment of receiving a copy of the Resident Rights and Complaint Procedures (see attached).

The administrator or designee will audit all resident records to ensure that all residents have signed the resident rights and complaint procedures within 30 days of receipt of this plan of correction.

Or per Administrator 5/6/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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

The above plan of correction is approved as of *5/8/14* (Date)

Plan of correction implementation status as of *5/8/14* (Date)

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

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

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Staff person A allegedly financially exploited resident #2 by appropriating the resident's ATM card for unauthorized withdrawals. The withdrawals occurred over a period of approximately three months; totaling \$17,075.00. Staff person A was taken into police custody and arraigned 3/7/14.

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

2600.42b - We are requesting that this violation be removed from our record for the following reasons:

- Our facility conducted a criminal background check on staff person A and it was clear.
- Staff person A (as well as the rest of our employees) received annual abuse prevention training, most recently in July, 2013, which specifically outlined the definition of financial abuse.
- All staff will receive in-servicing on this topic again in June, 2014 by the county AAA or CARIE.
- As soon as resident #2's family notified the administrator that unauthorized withdrawals were made from the resident's bank account, the administrator and care coordinator conducted an investigation which showed that only one staff member was present in the building on the date of each unauthorized transaction.
- DPW, AAA and the local police department were immediately notified.
- Within 24 hours of the administrator being made aware of the issue, staff person A had confessed and was arrested for the crime.
- Within days, the resident's money was refunded to her in full by the bank.
- Dock Woods also notified all staff, residents, and Powers of Attorney of the incident. Our discussion with the surveyor team indicated that the procedures were currently have in place are adequate and correct
- We will continue to train our staff on resident abuse in order to prevent incidents from occurring in the future and will operate under the same procedures should an event like this occur again.
- The administrator will review the homes policies on abuse and financial exploitation to add "zero tolerance" by any staff to the policy, *within 30 days of receipt of Plan of Correction.*
- The administrator or designee will update the training on financial abuse to ensure that staff are well aware of all of the types of financial abuse and how this will not be tolerated, *by June 2014.*
- The home will contract with the Area Agency on Aging or CARIE to provide training to all staff within 30 days of receipt of this plan of correction. *As per admin 5/6/14 (S)*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, RCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B) did not receive training in resident rights during training year 2013.

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

2600.65g – The direct care Nursing staff all received training on the PC Resident Rights on 7/3/2013; ancillary staff were not present for this training. We are writing a new online in-service specific to the Personal Care Residents' Rights which will be given to all direct care staff persons in all departments. This will be completed by July 1, 2014. Staff person B received her training on the Resident Rights on 4/25/14 (see attached).

The administrator or designee will provide training on Resident rights to all ancillary staff, direct care staff, substitute personnel and volunteers within 30 days of receipt of this plan of correction. Direct care staff B will receive the training on resident rights within 10 days of receipt of this training.

On per admin
 5/6/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs* Date *4/28/14*

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

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

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 first aid kit in Harmony House does not include scissors.

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

2600.96a – The scissors were immediately replaced on 4/2/14. Our normal practice is to have night shift nursing staff check the contents of all first aid kits monthly. Staff were in-serviced on the need to replace items used immediately. Going forward, an audit button will be placed in CareTracker by May 15, 2014 which will remind staff to complete this task, document completion, and who the task was completed by.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs* Date *4/28/14*

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 (Initials)

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Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

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

2a. DESCRIPTION OF VIOLATION
 An open plastic container of ice cream was observed in the Oakwood satellite kitchen unlabeled or dated on 4/2/14.

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

2600.103e – The ice cream was immediately discarded and Dining Services staff were in-serviced that any and all food products must be covered and dated at all times. Going forward, staff will be reminded of this regulation monthly at the Dining Services all team meetings.

The surveyor team verbally told us that this would be a technical assistance at the exit conference.

*Erin N. Toth
4/30/14*

*W. M. D. R. A. N. D.
ER 5/6/14*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, RCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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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: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 4/3/14, resident #3's record did not include a current list of medications. The list in the resident's record did not include Ondansetron 4 mg every 8 hours as needed and ExLax.

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

2600.181f-- We are requesting that this violation be removed from the record for the following reasons:

The Ondansetron was discontinued by the resident's physician on 1/27/14, and therefore, no longer on her current list of medications (see attached). This resident self-administers her medications and chose to keep the Ondansetron in case her physician reordered it at a later time (it has not yet expired). This resident also purchased ExLax as an over-the-counter medication and was not prescribed by her physician. It is our belief that she has the right to do this because she self-administers her medications. Our practice is to meet with her quarterly to review the medications in her apartment (see 1/24/14 review date on attached). She and her physicians make us aware of order changes as they occur.

The administrator or designee will update resident #3's medication administration record (MAR) to ensure that a complete list of medications including prescribed and OTC medications is maintained within 10 days of receipt of this plan of correction. The resident who self-administers medication will meet with the nursing staff every month to review the MAR and that it correctly reflects all of the medications that are self-administered. An audit of all residents MAR's that self-administer medication will be conducted within 30 days of receipt of this plan of correction to ensure that the MAR correctly reflects all of the medications that are self-administered. *ok per admin 5/6/14*

(D)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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Plan of correction implementation status as of 5/6/14
 (Date)

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

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

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
 (1) Documentation of the receipt of controlled substances and prescription medications.
 (2) A process to investigate and account for missing medications and medication errors.
 (3) Limited access to medication storage areas.
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION
 - Resident # 4's Siltussin SA 100/51 was not available for administration on 4/2/14.
 - Resident # 6's Lubrisking Lot was not available for administration on 4/2/14.

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

2600.185b – Both the Siltussin SA 100/51 and the Lubriderm Lotion were delivered by pharmacy on the afternoon of 4/2/14. Our practice has been to have night shift nursing staff check medication supply monthly. Going forward, an audit button will be placed in CareTracker by May 15, 2014 which will remind staff to complete this task weekly, document completion, and who the task was completed by.

*REP
4-21-14*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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The above plan of correction is approved as of *5/6/14*
 (Date)

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

Plan of correction Implementation status as of *5/1/14*
 (Date)

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

Violation Report: 12786 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 3/29/14, 3/30/14, at 8:00 am and 2:00 pm on 3/28/13, 3/29/14 and 3/30/14 resident #6's Carb/Levo was administered. Staff person C did not initial or record the date and time of administration.

- On 3/31/14, at 8:00 am resident #6's Carbo/Levo was administered. Staff person D did not initial or record the date and time of administration.

- On 3/31/14, at 5:00 pm resident #6's Atorvastatin 40 mg was administered. Staff person E did not initial or record the date and time of administration.

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

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

2600.187b – Night shift nursing staff will check the MARs daily and communicate to the oncoming shifts if any staff need to be notified that a signature was missed. The oncoming shift will be responsible to call the staff person who missed the signature. That staff person is now required to come in to the facility that day to sign off that the medication was given, or it will be processed as a medication error. This new process will begin May 1, 2014, which will give us time to communicate this change to all staff involved (see attached memo). Staff persons C, D, and E have also been given a packet that includes all medication administration regulations and a competency test to complete by May 24, 2014. (See attached packet and test).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Erin N. Toth, PCHA

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

Erin N. Toth - Dir. of PC Svcs.

Date *4/28/14*

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5/6/14
 (Date)

Plan of correction implementation status as of

6/1/14
 (Date)

The above plan of correction was approved by

(Signature)
 (Initials)

- Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 56 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
 The initial training certificate form for direct care staff person F did not include a training completion date and the annual practicum was not signed by the trainer.

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

2600.190a – Staff person F’s annual practicum was conducted on 4/4/14 (documentation attached). This was missed because the employee was working at another Living Branches PCH, and they were previously tracking her practicum observations. She changed her employment status and no longer worked at the other facility, and we neglected to add her to our tracking list. Going forward, she has been added to the tracking list and her practicum observations will be monitored by our on-campus trainers. We will also have our PC Support Coordinator check the list of Med Techs to be monitored against the staffing schedule monthly. The staff person completed her Med Administration Training course on 8/9/10 as evidenced by the student examination data summary sheet (see attached).

The PC support coordinator will audit all staff training of staff that administers medications to ensure that the annual practicum is completed timely within 30 days of receipt of this plan of correction.

On per admin 5/6/14 (Signature)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs* Date *4/28/14*

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 (Date)

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

Plan of correction implementation status as of *6/1/14*
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

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 # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

2600.191 – Resident #1 was educated to this right on 4/22/14 (see attached). Our practice is that residents are made aware of their rights on the day of admission, even if the resident is not present during the signing of settlement paperwork. This one was inadvertently overlooked. Going forward, the PC Support Coordinator will double check all signatures on forms (after the Administrator has them signed) before filing them to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Erin N. Toth, PCHA

Printed Name and Title of Legal Entity Representative
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Erin N. Toth - Dir. of PC Svcs.

Date *4/28/14*

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Violation Report: 12796 - 04/02/2014 - Adams, Patricia
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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 # 1 was admitted on 3/12/14; the assessment was finalized on 3/6/14.

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

2600.225a – The assessment was finalized based on information obtained when the Care Coordinator and Social Worker completed a pre-admission assessment via Skype with Resident #1 and staff from the facility where she previously resided. Going forward, assessments will not be completed until 72 hours prior to or after admission.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs* Date *4/28/14*

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Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 65 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

- The assessment dated 8/21/13, for resident # 7 did not include a history of falls, fall risk or need for interventions. Nor was the assessment updated to include a fall on 1/17/14 requiring neuro checks and a prescription for a seated walker with wheels.

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

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

2600.225c -- Resident #7's RASP cannot be updated at this time because he is currently out of the facility in a SNF. Going forward, an addendum will be added to all residents' RASPs to accommodate minor changes that occur after the most recent assessment (see attached). These will include fall history and prevention, therapy orders, and assistive devices.

Resident #7's assessment will be updated upon return within 72 hours of readmission. The administrator or designee will conduct an audit of all the current residents RASPs to ensure that it adequately reflects any change of condition within 30 days of receipt of this plan of correction.

on per admin 5/6/14


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Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, PCHA*

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Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The resident's support plan, dated 8/21/13, for resident #7 was not updated to include a 12/17/13 physician order for physical therapy/occupational therapy for pain relief, increase functioning and improve ADL's.

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

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

2600.227d – Resident #7's RASP cannot be updated at this time because he is currently out of the facility in a SNF. Going forward, an addendum will be added to all residents' RASPs to accommodate minor changes that occur after the most recent assessment (see attached). These will include fall history and prevention, therapy orders, and assistive devices.

Resident #7's support plan will be updated upon return within 72 hours of readmission. The administrator or designee will conduct an audit of all the current residents RASPs to ensure that it adequately reflects any change of condition within 30 days of receipt of this plan of correction.

*on per admin
5/6/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCH-A*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth - Dir. of PC Svcs.* Date *4/28/14*

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

The above plan of correction is approved as of <u>5/6/14</u> (Date)	Plan of correction implementation status as of <u>6/1/14</u> (Date)
The above plan of correction was approved by <u><i>(Signature)</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12796 - 04/02/2014 - Adams, Patricia
 PCH Name: OAKWOOD COURT

1. REGULATION 56 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDCU on 3/12/14. The resident's support plan was undated and compliance could not be determined.

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


2600.234a – Resident #1's support plan was completed on 3/12/14 as evidenced by the signature sheet (see attached). Our normal practice is to complete the support plan on the day of admission. The date on the form was missed in error. Going forward, the Director of Personal Care will double check the RASPs for full completion after the Care Coordinator completes it to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth - Dir. of PC Svcs.</i>	Date <i>4/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/4/14</u> (Date)	Plan of correction implementation status as of <u>6/1/14</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION SOUTHEAST		COUNTY MONTGOMERY	
NAME AND ADDRESS OF AGENCY/FACILITY OAKWOOD COURT		FACILITY E-MAIL NANCY.DONNELLY@LIVINGBR	
275 DOCK DRIVE, LANSDALE 19446		<i>1460060020</i>	
MAILING ADDRESS OF FACILITY 275 DOCK DRIVE LANSDALE PA 19446		LEGAL E-MAIL NANCY.DONNELLY@LIVINGBRANCHES.OR	
NAME OF LEGAL ENTITY HATFIELD MENNONITE HOMES INC		TELEPHONE NO.: 215-368-4438	
CURRENT CERTIFICATE NUMBER ▶ 127960	EFFECTIVE DATE ▶ FROM 08/08/2013 TO 08/08/2014		PERMISSION TYPE OF CONTROL IF PRIVATE
		<input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT	

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED: ADULT RESIDENTIAL FACILITIES PERSONAL CARE HOMES									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>SSI= 0</td><td>60+= 66</td></tr> <tr><td>MI= 0</td><td>ID= 0</td></tr> <tr><td>SDCU= 23</td><td>MN= 23</td></tr> <tr><td>PD= 0</td><td>Hospice=</td></tr> </table>	SSI= 0	60+= 66	MI= 0	ID= 0	SDCU= 23	MN= 23	PD= 0	Hospice=	<p>RECEIVED</p> <p>HUMAN SERVICES LICENSING (Management) and Research</p> <p>RECEIVED</p> <p>JUN 10 2014</p> <p>Human Services Licensing</p>
SSI= 0	60+= 66								
MI= 0	ID= 0								
SDCU= 23	MN= 23								
PD= 0	Hospice=								
DATE(S) OF INSPECTION ▶ 4/2/14, 4/3/14, 10/1/14 (Doc verification)									

RECOMMENDATIONS:			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input checked="" type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	
		SCORE	PERIOD FROM 8/8/14 TO 8/8/15
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER		
LIST REGULATION CHAPTER 2600		FIRE SAFETY APPROVAL DATE 8/31/1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE C2 CURRENT CENSUS 66
		LICENSED CAPACITY 80	

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION SOCU = 26

[Signature]
SIGNATURE - PERSON MAKING RECOMMENDATION

*520
6-23-14*

APPROVED BY