



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 02 2014

Ms. Rebecca L. Brady, NHA, COO  
Reformed Presbyterian Women's Association  
2344 Perrysville Avenue  
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home  
License #: 429660

Dear Ms. Brady:

As a result of the Department of Public Welfare's licensing inspection on April 16, 2014, April 17, 2014 and April 21, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period August 27, 2014 to August 27, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary

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

PCH Name: REFORMED PRESBYTERIAN HOME		License Number: 42966
Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		County: Allegheny
Administrator: Rebecca Brady		Region: WEST
Legal Entity Name: REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION		
Legal Entity Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 10/10/1983 City of Pittsburgh		AUG 14 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/16/2014: Mandock, Nancy; Flinner-Alman, Lisa 04/17/2014: Mandock, Nancy 04/21/2014: Mandock, Nancy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 58	Number of Residents Served: 21	Number of Residents who:
Secured Dementia Care Unit In Home: NO	Area:	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 21
Number of Current Hospice Residents: 0	Number of Hospice Residents In past year: 0	Have Mental Illness: 0
		Have an Intellectual Disability: 1
		Have a Mobility Need: 1
		Have a Physical Disability: 0

RECEIVED

AUG 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42986 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home has not implemented its quality management plan as it lacked a review of staff training at its quarterly quality assurance committee review, conducted 3/13/14. The home's quality management plan indicates procedurally that staff training shall be monitored on a quarterly basis.

1. Regulation 55 Pa.Code 2600.26(a). We lacked review of staff training at our quarterly quality assurance committee review, conducted 3/13/14.

- What specific change will be made
  - We will add "training" to the Agenda of EVERY quarterly quality assurance committee going forward.
- Who will make the change
  - Rebecca Brady, the Administrator, who leads each quarterly quality assurance committee meeting.
- When will the change be made
  - This change was immediately effective and was added to the quarterly quality assurance committee meeting of June 26, 2014.
- How will the change be made
  - The topic of "Training" will remain on the Agenda as a permanent item of review and discussion.
- What system have you implemented to make sure that the same violation will not occur again
  - The members of the Quality Assurance Committee are aware of our obligation to discuss and review training at every future meeting. Additionally, the template for all of our QA Agendas has been physically updated to include "training" as a topic.
- What training will be provided to your staff
  - Rebecca Brady has met with each staff member to review the PaCode 2600 regulations as it relates to training so that each individual is aware of the regulations and aware of their individual responsibility to attend the posted trainings and provide copies of their post-test to the Human Resources department who will formally track the training in the corporate database of training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

Rebecca L. Brady

Date 8/13/14

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

The above plan of correction is approved as of

9-12-14  
(Date)

Plan of correction implementation status as of

9-12-14  
(Date)

The above plan of correction was approved by

*[Initials]*  
(Initials)

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

RECEIVED

AUG 13 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/16/2014 - Mandook, Nancy  
PCH Name: REFORMED PRESBYTERIAN 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**

The home did not complete a PA State Police Criminal Background Check for staff person A, who was rehired by the home on 6/2/06. The most recent PA State Police Criminal Background check obtained by the home for him/her was dated 1/29/03.

**2. Regulation 55 Pa.Code 2600.51. We did not complete a PA State Police Criminal Background Check for staff person who was rehired by the home on 6/2/06.**

- What specific change will be made
  - Since 2010, and now in accordance with Act 13 of 2012, it has been the practice of the Home to conduct criminal background checks on every New Hire and to conduct annual background checks on every existing employee. However, once we were made aware of the situation noted above, our Human Resource Director went through every employee file to determine if there were any others who were rehired (prior to 2010) without a background check. No other instances were identified.
- Who will make the change
  - The Administrator and Human Resources
- When will the change be made
  - The change has already been made. The new practice was implemented in 2010 and HR has gone back through the files to conduct an audit to see if any other situations involving new hires or rehires were conducted without an additional background check. No others were identified.
- How will the change be made
  - The change is part of our standard procedure for processing new hires and/or rehires.
- What system have you implemented to make sure that the same violation will not occur again
  - Human Resources conducted an audit of all of our employee files to ensure that all employees have a current background check on file.
- What training will be provided to your staff
  - The Administrator has informed all hiring Managers of this violation and has clarified that this applies to all "re-hires" as well as new hires. Additionally, all people managers have been trained on the requirements of Act 13.

Staff person A's criminal background check was completed on 4/16/14. JHP  
9-12-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*      Date *8/13/14*

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

The above plan of correction is approved as of 9-12-14 (Date)

Plan of correction implementation status as of 9-12-14 (Date)

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

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

RECEIVED

AUG 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN 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

The home did not complete a PA State Police Criminal Background Check for staff person A, who was rehired by the home on 6/2/06. The most recent PA State Police Criminal Background check obtained by the home for him/her was dated 1/29/03.

on 55 Pa.Code 2600.52 We did not complete a PA State Police Criminal Background Check for staff person

3. PL/ rehired by the home on 6/2/06.

ir  
/la. rrection is the same as is noted in 2600.51

- What specific change will be made
  - Since 2010, and now in accordance with Act 13 of 2012., it has been the practice of the Home to conduct criminal background checks on every New Hire and to conduct annual background checks on every existing employee. However, once we were made aware of the situation noted above, our Human Resource Director went through every employee file to determine if there were any others who were rehired (prior to 2010) without a background check. No other instances were identified.
- Who will make the change
  - The Administrator and Human Resources *Staff person A's criminal background check was completed on 4/16/14. JRP*
- When will the change be made
  - The change has already been made. The new practice was implemented in 2010 and HR has gone back through the files to conduct an audit to see if any other situations involving new hires or rehires were conducted without an additional background check. No others were identified.
- How will the change be made
  - The change is part of our standard procedure for processing new hires and/or rehires.
- What system have you implemented to make sure that the same violation will not occur again
  - Human Resources conducted an audit of all of our employee files to ensure that all employees have a current background check on file.
- What training will be provided to your staff
  - The Administrator has informed all hiring Managers of this violation and has clarified that this applies to all "re-hires" as well as new hires. Additionally, all people managers have been trained on the requirements of Act 13.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L Brady* Date *8/13/14*

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

The above plan of correction is approved as of 9-12-14 (Date)

Plan of correction implementation status as of 9-12-14 (Date)

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

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

RECEIVED

AUG 26 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 B, who completed his/her 40th scheduled work hour on 3/29/14, did not receive orientation in the emergency medical plan and reporting of reportable incidents.

Violation 55 Pa.Code 2600.65 (B). We failed to provide documentation that one employee was oriented (within 40 scheduled working hours) to the emergency medical plan and to the reporting of reportable incidents and conditions.

- What specific change will be made
  - o A training documentation sheet has been created to specifically to record the dates of all mandatory training.
- Who will make the change
  - o The Administrator
- When will the change be made
  - o Immediately (for the training). With all new hires we have always understood the requirement to provide the mandatory training within 40 scheduled hours and we have consistently provided that training to all employees working on the unit. However, we recognize that we have not been consistently compliant with providing full documentation of the training provided such as course content, duration, training dates, and the employee's signature and date confirming that they have received the training. We further understand that proof of successful completion of that training must be maintained. We are in the process of creating a formalized training binder/process so that we can effectively track this information annually. We expect to have this binder/process completed by September 30<sup>th</sup>.
- How will the change be made
  - o We are making the "task of training" a "formalized process" as noted above.
- What system have you implemented to make sure that the same violation will not occur again
  - o All compliance with "Training" requirements will be reviewed and monitored by the Quarterly Quality Assurance team.
- What training will be provided to your staff
  - o The Administrator has made each staff person aware that the "documentation and proof" of training is every bit as important as the training itself.

*The home has had no new hires since 4/16/14. JSP 9-10-14*  
*Staff person A received the above required training on 5/5/14. JSP 9-10-14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debecca Beady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debecca Beady*      Date *8/13/14*

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

The above plan of correction is approved as of 9-10-14 (Date)

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

Plan of correction implementation status as of 9-10-14 (Date)

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

RECEIVED

AUG 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 6/2/06, received only 1 hr. 25 min. of annual training in training year 1/1/13 - 12/31/13.  
Direct care staff person C, hired 7/24/03, received only 2 hrs. and 40 minutes of annual training in training year 1/1/13 - 12/31/13.

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

5. Regulation 55 Pa.Code 2600.65 (e). We failed to provide complete documentation that direct care staff persons had 12 hours of annual training related to their job duties.

- What specific change will be made
  - A training documentation sheet has been created to specifically record the dates of all mandatory training.
- Who will make the change
  - The Administrator
- When will the change be made
  - Immediately (for the training). We recognize that we have not been consistently compliant with providing full documentation of the training provided such as course content, duration, training dates, and the employee's signature and date confirming that they have received the training. We further understand that proof of successful completion of that training must be maintained. We are in the process of creating a formalized training binder/process so that we can effectively track this information annually. We expect to have this binder/process completed by September 30<sup>th</sup>.
- How will the change be made
  - We are making the "task of training" a "formalized process" as noted above.
- What system have you implemented to make sure that the same violation will not occur again
  - We have created an Excel spreadsheet which will be used as a database to track employee training.
  - All compliance with "Training" requirements will be reviewed and monitored by the Quarterly Quality Assurance team.
- What training will be provided to your staff
  - The Administrator has made each staff person aware that the "documentation and proof" of training is every bit as important as the training itself.

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

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

The above plan of correction is approved as of 9-12-14  
(Date)

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

Plan of correction implementation status as of 9-12-14  
(Date)

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

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy

PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Direct care staff persons A and C did not receive training in fire safety, emergency preparedness procedures, the Older Adult Protective Services Act, and falls and accident prevention during training year 1/1/13 to 12/31/13.

- What specific change will be made
  - A training documentation sheet has been created to specifically record dates of all mandatory training.
- Who will make the change
  - The Administrator
- When will the change be made
  - Immediately (for the documentation). While we have been good at providing the training, we recognize that we have not been consistently compliant with providing full documentation of the training such as course content, duration, training dates, and the employee's signature and date confirming that they have received the training. We further understand that if the training is not properly recorded, it's as if the training never took place. We further understand that proof of successful completion of that training must be maintained. We are in the process of creating a formalized training binder/process so that we can effectively track this information annually. We expect to have this binder/process completed by September 30<sup>th</sup>.
- How will the change be made
  - We are making the "task of training" a "formalized process" as noted above.
- What system have you implemented to make sure that the same violation will not occur again
  - We have created an Excel spreadsheet which will be used as a database to track employee training.
  - All compliance with "Training" requirements will be reviewed and monitored by the Quarterly Quality Assurance team.
- What training will be provided to your staff
  - The Administrator has made each staff person aware that the "documentation and proof" of training is every bit as important as the training itself.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lebecca L. Brady* Date *8/13/14*

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

The above plan of correction is approved as of 9-12-14 (Date)

Plan of correction implementation status as of 9-12-14 (Date)

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

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

RECEIVED

AUG 14 2014

Page 8 of 21

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 4/16/14, at 10:00 AM, a spray bottle of Sani-Master 4, with a manufacturer's label indicating "if swallowed: do not induce vomiting, drink 2-3 large glasses of water or milk and call a physician immediately", was unlocked and accessible to residents in an undersink cabinet in the third floor resident lounge. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

7. Regulation 55 Pa.Code 2600.82(c). We failed keep poisonous materials safely locked.

- What specific change will be made
  - We will actively promote awareness of the regulation to both staff and residents.
- Who will make the change
  - The Administrator, every direct care staff member, and members of the housekeeping and maintenance staff.
- When will the change be made
  - All employees will be notified, via payroll attachment, on Friday, August 22<sup>nd</sup> of their duty to adhere to this safety regulation and that failure to adhere to the regulation will result in disciplinary action.
  - Residents will be trained on the regulation at the September monthly Resident Council meeting.
- How will the change be made
  - All employees will be notified in writing as noted above.
- What system have you implemented to make sure that the same violation will not occur again
  - Educating employees as to their responsibility and obligations to adhere to the code of regulations in order to ensure the safety of our elder population.
- What training will be provided to your staff
  - Written instructions outlining the regulation, their obligation, and the consequences that will result if not adhered to.

*Immediately: The administrator will check the home at least biweekly to ensure all poisonous materials are locked and inaccessible to residents. JHP 9-12-14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

*Rebecca L. Brady*

Date

*8/13/14*

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

The above plan of correction is approved as of

9-12-14  
(Date)

Plan of correction implementation status as of

9-12-14  
(Date)

The above plan of correction was approved by

*JHP*  
(Initials)

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

RECEIVED

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was no lid on the trash can in the second floor lounge common resident bathroom, the second floor men's and women's bathrooms located by the Cozy Corner Cafe, and the common resident bathroom in the chapel area on the third floor.

8. Regulation 55 Pa.Code 2600.85 (d). We failed to utilize covered trash receptacles in the kitchens and bathrooms.

- What specific change will be made
  - a. Appropriate trash receptacles will be used
- Who will make the change
  - a. The Administrator
- When will the change be made
  - a. Change was completed April 30, 2014.
- How will the change be made
  - a. New covered trash receptacles were purchased for use.
- What system have you implemented to make sure that the same violation will not occur again
  - a. All staff (dietary, housekeeping, maintenance and direct-care) have been trained to look for any trash receptacle in the kitchen or shared bathroom areas that does not contain a cover.
- What training will be provided to your staff.
  - a. All Staff have received a copy of the violations report and a copy of this plan of correction, along with verbal instruction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of

9-12-14  
(Date)

Plan of correction implementation status as of

9-12-14  
(Date)

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

The above plan of correction was approved by

*ASB*  
(Initials)

RECEIVED

AUG 13 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 were no emergency service numbers posted on or by the telephone for resident # 1 and resident # 3.

9. Regulation 55 Pa.Code 2600.91. We failed to ensure that two residents had emergency service numbers posted on or by their telephone.

- What specific change will be made
  - We will actively promote awareness of the regulation to both staff and residents.
- Who will make the change
  - The Administrator and every direct-care worker
- When will the change be made
  - We continually print and laminate these signs and regularly look to ensure that residents have not removed or discarded them.
  - Residents will be trained on the regulation at the September monthly Resident Council meeting.
- How will the change be made
  - We will continue to monitor these signs. We have educated the residents about the importance of these signs but, it is difficult to keep the Resident's from tossing them out. All we can do is continue to be more vigilant about ensuring that the signs are near the phones. We will also print DO NOT REMOVE ON the cards themselves in the hopes that this will further curtail the problem.
- What system have you implemented to make sure that the same violation will not occur again.
  - We will continue to bring this issue up at future Resident Council meetings as a constant reminder.
- What training will be provided to your staff
  - Staff are all very aware of this requirement and very frustrated that the signs continue to disappear. But, they all understand the importance of making sure that they look for (and replace when necessary) any missing notices.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of 9-12-14  
(Date)

Plan of correction implementation status as of 9-12-14  
(Date)

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

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

RECEIVED

AUG 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

There was no fire extinguisher sufficient to meet the minimum 2A10BC rating requirement in the home's Cozy Corner Cafe kitchen. The fire extinguisher in the home's Cozy Corner Cafe kitchen is rated 2AK.

10. Regulation 55 Pa.Code 2600.131 ( c ). The Cozy Corner Café kitchen is presently rated as a 2AK.

Plan of Correction. Please note that the Cozy Corner Café is not a kitchen that is used to serve the personal care unit. The Cozy kitchen is exclusively used to serve employees. We notified ~~XXXXXXXXXX~~ of this at the exit interview and she noted that she would remove it from the list of violations. However, based upon the DPW's recommendation, we will proceed with the purchase of the 2A10BC rated extinguisher because it's the right thing to do. Thank you for letting us know.

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)

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of 9-12-14  
(Date)

Plan of correction implementation status as of 9-12-14  
(Date)

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

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

RECEIVED

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and and drill observed by a fire safety expert was conducted on 11/8/13. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 5/2/12.

11. Regulation 55 Pa.Code 2600.132 ( b ) . The last observed fire drill conducted was more than 12 months following the previous .

- What specific change will be made
  - Annual observed fire drills will be scheduled no later than 11 months following the prior year's observed drill.
- Who will make the change
  - The Administrator and direct-care staff
- When will the change be made
  - The next observed fire drill will be conducted PRIOR to 11/8/2014.
- How will the change be made
  - We will retain documentation of the observed fire drill as proof that the requirement was achieved.
- What system have you implemented to make sure that the same violation will not occur again.
  - We add "Fire Drills" as a permanent agenda item for review and discussion at the quarterly Quality Assurance Meeting
- What training will be provided to your staff
  - This will be covered, annually, as we provide Fire Safety training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of 9-12-14  
(Date)

Plan of correction implementation status as of 9-12-14  
(Date)

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

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

RECEIVED

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 09/26/13 does not include the number of residents evacuated during the drill or the number of staff persons participating in the drill.

12. Regulation 55 Pa.Code 2600.132 (c). We failed to include the number of residents and staff evacuated during the drill conducted on 9/26/13.

- What specific change will be made
  - All fire drill reports will accurately include the number of residents and staff evacuated.
- Who will make the change
  - The Administrator and the Plant Operations Manager
- When will the change be made
  - Immediately.
- How will the change be made
  - We understand the regulation but through oversight failed to provide this documentation for the September 2013 drill. We will continue to follow the regulation going forward.
- What system have you implemented to make sure that the same violation will not occur again.
  - We will add this as a permanent Agenda Item for discussion and review at the quarterly Quality Assurance meetings.
- What training will be provided to your staff
  - Staff are all very aware of this requirement but continued awareness will be fostered through the annual fire safety training.

Immediately. The administrator will monitor the fire drill record to ensure all information required by 2600.132(c) is included on the fire drill record including the number of residents evacuated and the number of staff persons participating in the fire drill. JSP 9-12-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca Brady*      Date *8/13/14*

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

The above plan of correction is approved as of 9-12-14 (Date)

Plan of correction implementation status as of 9-12-14 (Date)

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

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

RECEIVED

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation, dated 2/10/14, for resident # 3, does not include a medication regimen for the resident. Resident # 3 is prescribed medications including Furosemide, Klor - Con, and Metoprolol Tar.

3. PLAN 55 Pa.Code 2600.141(a)(2). The medication evaluation for one resident did not include a medication regimen for the resident.

What specific change will be made.

New medication evaluations completed will include a medication regimen.

Who will make the change

- o [Redacted] RN

When will the change be made

- o Audits will be completed by August 30, 2014.

How will the change be made

- o [Redacted] RN will conduct an audit of every resident's chart to ensure that it includes a medication regimen. If it does not, the attending physician will be notified and the information requested.

What system have you implemented to make sure that the same violation will not occur again.

- o [Redacted] RN will conduct random chart audits each month to ensure compliance.

What training will be provided to your staff

- o [Redacted] RN will document all chart errors found and communicate the errors to the entire staff so that all direct care givers are aware of the areas where improvement is needed and can work together for process improvement.

Immediately the administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including a medication regimen. JSP 9-10-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*      Date *8/13/14*

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

The above plan of correction is approved as of 9-12-14 (Date)

Plan of correction implementation status as of 9-12-14 (Date)

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

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

RECEIVED

AUG 26 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 3/6/14; however, resident # 4's previous medical evaluation was completed on 7/12/12.

Resident # 5's most recent medical evaluation was completed 12/16/12.

14. Regulation 55 Pa.Code 2600.141(b)(1). One resident's medical evaluation was completed more than 12 months after the previous one. Resident # 15 had a medical evaluation completed on 4/2/14. JPP 9-12-14

- What specific change will be made.
  - All medical evaluations will be completed within 365 days of the prior year's medical evaluation.
- Who will make the change
  - [Redacted]
- When will the change be made
  - Immediately. An Excel spreadsheet has been created to assist us with the management of "due dates" for the annual medical examination and other required items.
- How will the change be made
  - [Redacted] will conduct a review of the Excel spreadsheet each month to determine which residents are due for their annual medical exams and will ensure that follow up appointments are scheduled.
- What system have you implemented to make sure that the same violation will not occur again.
  - We now have the data in an electronic format which is easily accessible, and readable, and have tasked [Redacted] with providing timely review and compliance.
- What training will be provided to your staff
  - All staff have been trained to access the database and to update the information.

Resident # 4 had a medical exam completed on 5/12/13 but the information was not transcribed to a medical evaluation required by the Department. Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each residents' record. JPP 9-12-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*      Date *8/13/14*

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

The above plan of correction is approved as of 9-10-14 (Date)

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

- Plan of correction implementation status as of 9-12-14 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress *JPP*
  - Partially Implemented - Inadequate Progress
  - Not Implemented

RECEIVED

AUG 16 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
On 4/17/14, a bottle of Acetaminophen belonging to resident # 5, that was not labeled with the resident's name, was located in the medication cart.

3. PLAN OF CORRECTION Pa. Code 2600.184 (b) . One CAM was located in the medication cart without the resident's name.  
Include immediate change will be made  
The CAM will have the name of the resident listed on it.  
Who will make the change  
o [Redacted]  
• When will the change be made  
o Immediately.  
• How will the change be made  
o [Redacted] will conduct weekly audits of both medication carts. Additionally, at least once monthly, either the Director of Nursing or the Nursing Home Administrator will conduct a random audit.  
• What system have you implemented to make sure that the same violation will not occur again.  
o Errors will be documented and brought to the attention of the quarterly quality assurance committee.  
• What training will be provided to your staff.  
o All staff are fully trained as to the requirements. Therefore, as errors are identified, they will be brought to the attention of the staff member and become part of their annual performance evaluation.

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]  
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca L. Brady Date 8/13/14

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

The above plan of correction is approved as of 9-12-14 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 9-12-14 (Date)  
 Fully Implemented [Signature]  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

AUG 13 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The April 2014 medication administration record for resident # 3 does not include the diagnosis or purpose for the resident's prescribed medication - Aspirin 81 mg.

The April 2014 medication administration record for resident # 4 does not include the diagnosis or purpose for the resident's prescribed medication - Aricept 5 mg.

- What specific change will be made
  - The medication administration record for every resident will include the diagnosis or purpose for the medication.
- Who will make the change
  - [Redacted]
- When will the change be made
  - Immediately.
- How will the change be made
  - [Redacted] will conduct weekly audits of the MARS to ensure that every medication contains a diagnosis or condition.. Additionally, either the Director of Nursing or the Nursing Home Administrator will conduct a random audits as well.
- What system have you implemented to make sure that the same violation will not occur again.
  - Errors will be documented and brought to the attention of the quarterly quality assurance committee.
  - Errors will be addressed with staff as part of their ongoing performance evaluation and management.
- What training will be provided to your staff.
  - All staff are fully trained as to the requirements. Therefore, as errors are identified, they will be brought to the attention of the staff member and become part of their annual performance evaluation.

*Resident # 3 and # 4's medication administration records were updated to include the diagnosis for all medications JSP 9-12-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Rebecca L. Brady			8/13/14

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

The above plan of correction is approved as of <u>9-12-14</u> (Date)	Plan of correction implementation status as of <u>9-12-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 4/7/14, resident # 5 was not administered the 5:00 PM dose of the resident's prescribed medication, Mag 64 tablet - give 1 tablet by mouth three times a day with meals (8 AM, 12 PM, 5PM) as the medication was not available in the home.

Resident # 1 is prescribed Amlodipine 5 mg give 1 tab by mouth every day - hold if systolic blood pressure is less than 100. Resident # 1 is also prescribed Metoprolol Tar 25 mg give 1/2 tab (12.5 mg) by mouth twice a day - hold if systolic blood pressure is less than 100. Per the 4/2014 medication administration record for resident # 1, no blood pressure readings were taken for the resident on the following dates: 4/1, 4/2, 4/3, 4/5, 4/7, 4/8, 4/9, 4/11/14.

- What specific change will be made
  - The Home shall accurately follow the directions of the prescriber.
- Who will make the change
  - [REDACTED]
- When will the change be made
  - Immediately.
- How will the change be made
  - All staff have been instructed in writing as to what the procedures are for the reordering of medications AND what the procedures are for the administration of blood pressure medications when blood pressure limits are given.
- What system have you implemented to make sure that the same violation will not occur again.
  - Errors will be documented and brought to the attention of the quarterly quality assurance committee.
  - Direct care staff who continue to show repeat patterns of non-compliance will be subject to disciplinary action.
- What training will be provided to your staff.
  - All staff that pass medications have been certified to do so. However, now that the DPW has the online training available, all direct care staff will be required to take, and successfully pass, the online testing by September 30, 2014. Additionally, the Director of nursing will schedule impromptu medication pass audits for each staff member and record the outcomes as part of their annual performance evaluation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rebecca L. Brady*

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

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of 9-12-14  
(Date)

Plan of correction implementation status as of 9-12-14  
(Date)

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

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

AUG 12 2014

Violation Report: 42956 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION HALLWAY  
Human Services Licensing

1. REGULATION 56 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.

18. Regulation 56 Pa.Code 2600.191. One resident's chart did not indicate that they had been educated on the right to refuse medication if they believe there may be a medication error.

- What specific change will be made
  - All residents will be educated on their right to refuse medication if they believe there may be a medication error.
- Who will make the change
  - Administrator
- When will the change be made
  - Immediately.
- How will the change be made
  - All charts have been audited to ensure compliance with the regulation.
- What system have you implemented to make sure that the same violation will not occur again.
  - [Redacted] will conduct random monthly audits of our resident charts to ensure compliance with this, and other, regulations and provide a report to the quarterly Quality Assurance team.
- What training will be provided to your staff.
  - All staff have been instructed in writing as to what the procedures are regarding the resident's right to refuse medication if they believe a medication error has been made.

Resident #1 was educated to the resident right to question or refuse a medication if the resident believes there may be a medication error on the day of the inspection. JSP 9-12-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Rebecca L Brady		8/13/14

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

The above plan of correction is approved as of	9-12-14 (Date)	Plan of correction implementation status as of	9-12-14 (Date)
The above plan of correction was approved by	JSP (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JSP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

AUG 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN 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

The home has not completed an initial assessment for resident # 1, admitted 11/15/13.

The initial assessment for resident # 3, admitted 2/13/14, is incomplete, and is undated and unsigned by the home's assessor. The assessment does not address the resident's diagnoses of Orthostatic hypotension, Hypertension, CHF, Atrial Fibrillation, Hyperlipidemia, and special dietary need for a No Added Sodium Diet as listed on the medical evaluation for resident # 3, dated 2/10/14. The initial assessment for resident # 3 also does not include an assessment of the dental, cognitive or behavioral needs, and the social and recreational needs of the resident.

19. Regulation 55 Pa.Code 2600.225 (a). We failed to complete and date an initial assessment for one resident admitted.

- What specific change will be made
  - All residents will have an accurately completed, and dated, initial assessment.
- Who will make the change
  - Administrator
- When will the change be made
  - Immediately.
- How will the change be made
  - All charts have been audited to ensure compliance with the regulation.
- What system have you implemented to make sure that the same violation will not occur again.
  - [Redacted] will conduct random monthly audits of our resident charts to ensure compliance with this, and other, regulations and provide a report to the quarterly Quality Assurance team.
- What training will be provided to your staff.
  - All staff have been instructed in writing as to what the procedures are regarding the requirements and timelines for documents maintained within the resident's chart.

Resident #1's assessment was completed on 11/15/13.  
Resident #3's assessment was completed. JAP 9-12-14

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)

Rebecca L. Beady

Date

8/13/14

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

The above plan of correction is approved as of

9-12-14  
(Date)

Plan of correction implementation status as of

9-12-14  
(Date)

The above plan of correction was approved by

JAP  
(Initials)

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

RECEIVED

AUG 14 2014

Violation Report: 42966 - 04/16/2014 - Mandock, Nancy  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services License

1. REGULATION 55 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 most recent annual assessment for resident # 4, finalized 5/20/13, was not updated to include the resident's diagnosis of dementia as indicated on the resident's medical evaluation, dated 3/6/14.

20. Regulation 55 Pa.Code 2600.225 (c). We failed to add an updated diagnosis of dementia to the care plan as indicated on the most recent annual assessment.

- What specific change will be made
  - All care plans will be updated to accurately reflect information provided on the most recent assessment.
- Who will make the change
  - [REDACTED]
- When will the change be made
  - By September 30, 2014 to ensure that all care plans accurately match the most current annual medical evaluation.
- How will the change be made.
  - [REDACTED] will audit each resident chart to ensure that the care plans accurately match the most current medical exam.
- What system have you implemented to make sure that the same violation will not occur again.
  - [REDACTED] will conduct random monthly audits of our resident charts to ensure compliance with this, and other, regulations and provide a report to the quarterly Quality Assurance team.
- What training will be provided to your staff.
  - By September 30, 2014, all staff will attend an inn-service which will review this and all of the other codes outlined in Regulation 55Pa.Code 2600.

Resident #4's assessment was completed on 5/20/14 to include the diagnosis of dementia. JHP 9-12-14

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/23/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Rebecca L. Brady

Date

8/13/14

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

The above plan of correction is approved as of 9-10-14  
(Date)

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

Plan of correction implementation status as of 9-10-14  
(Date)

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