

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STANDISH S ASSISTED LIVING INC
LEGAL ENTITY

To operate STANDISH'S
NAME OF FACILITY OR AGENCY

Located at 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

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

The total number of persons which may be cared for at one time may not exceed 7
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

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

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

and shall remain in effect from April 23, 2014 until January 27, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 406300

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 23 2014

Ms. JoAnn Standish, Administrator
Standish's Assisted Living, Inc.
158 Chestnut Ridge Road
Washington, Pennsylvania 15301

RE: Standish's
License #: 406300

Dear Ms. Standish:

As a result of the Department of Public Welfare's licensing inspection on October 21, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

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

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600. The revised license indicates a revised licensed capacity for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping underline.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

APR 18 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Resident #1 uses a bedside commode in a shared bedroom; however, there is no means of providing privacy to resident #1 when using the bedside commode.

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.

[redacted] had previously requested to have A bedside toilet in [redacted] room, because [redacted] did not like others to know [redacted] bathroom schedule.

Since the inspection, the toilet has been removed and [redacted] AND [redacted] family have been advised that [redacted] must use the community restroom.

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

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAnn Standish / administrator* Date *11/28/2013*

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

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

APR 14 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

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 person A, hired on 12/8/06, did not receive training in the following areas during training year 2012:

- * Fire safety
- * Resident rights
- * The Older Adult Protective Services Act
- * Falls and accident prevention

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.

[REDACTED] is a full time Nursing student who received this training through WASHINGTON HOSPITAL. [REDACTED] WAS unable to attend the scheduled on site TRAINING AT STANDISHS.

New policy was put in place that all staff including part-timers must receive training through STANDISHS in addition to outside training.

Her training was completed Nov 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jo Ann Standish

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

JOANN STANDISH / administrator

Date 11/28/2013

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

The above plan of correction is approved as of

4/18/14
(Date)

Plan of correction implementation status as of

4/18/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

Violation Report: 40830 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

APR 18 2014

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for the 2013 training year.

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

Staff training plan was revised and detailed as requested by inspector.

Current staff plan was outlined and recorded monthly - Inspector did not ask for this when on site during inspection.

The administrator will ensure annual staff training plan is completed.

Jalor/m

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

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish / administrator* Date *11/28/2013*

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

The above plan of correction is approved as of 4/18/14 (Date)

Plan of correction implementation status as of 4/18/14 (Date)

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

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

APR 13 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a mobility need and uses a wheelchair. This resident resides in a private area of the home, where staff person C, administrator, lives; however, resident #4 consumes meals and spends most of the day with other residents in the "personal care" section of the home. There is an approximate 10" step between the 2 living areas of the home and staff pushes resident #4 in his/her wheelchair from the resident's living quarters to the "personal care" side of the home.

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

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

Step is 6 $\frac{3}{4}$ " as measured by professional contractor whom was hired to build a ramp to meet specifications. A portable ramp is being constructed and will be installed upon its completion.

Projected completion date second week of December.

Completed 12/5/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish, administrator* Date *11/28/2013*

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

The above plan of correction is approved as of <u>4/10/14</u> (Date)	Plan of correction implementation status as of <u>4/18/14</u> (Date)
The above plan of correction was approved by <u><i>d</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>o</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 18 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

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

The following poisonous materials, with a manufacturer's label indicating "contact poison control if ingested", were unlocked and accessible to residents in the unlocked cupboard in the laundry room:

- * Can of disinfectant
- * Gallon of bleach
- * Can of cleanser

Not all residents of the home including resident #2 have been assessed capable of recognizing and using poisons safely.

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.

Poisonous cleaners are usually locked in Laundry Room. On the date of inspection, a staff member ~~using~~ neglected to relock the above mentioned cabinet. ~~was~~ in the laundry room at time of inspection. Safety measures were reinforced at inservice meeting along with a detailed discussion of the inspection outcomes. All staff members were reminded to check each other to create a safe environment.

Immediately The administrator will monitor the home at least weekly to ensure poisons are locked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	JO ANN STANDISH	Date	4/18/14
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	JO ANN STANDISH / admin	Date	11/28/2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/18/14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>2</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 3 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At 9:48 AM, the temperature, of the wall mounted heater adjacent to the table in the dining room, was 128.3 degrees Fahrenheit. There were no protective guards or insulation to prevent residents from coming in contact with the heater.

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.

Site was evaluated by a contractor AND
A heat shield customized for the unit is
being constructed.

Expected completion date is second
week of December.

12/5/13
Completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joann Standish

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

JOANN STANDISH / administrator

Date 11/28/2013

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

The above plan of correction is approved as of

4/15/14
(Date)

Plan of correction implementation status as of 4/15/14
(Date)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JS
(Initials)

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

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APR 18 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature at the sink in the common bathroom next to the dining room measured 124.5 degrees Fahrenheit.

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.

Hot water heater was adjusted to a lower setting to accommodate safety of residents.

Thermometer read 116° when measured.

A Plumber replaced thermostats on hot water heater 12-10-14 John Standish

Immediately - The administrator or designee will monitor the hot water temperature in the home at least weekly, to ensure safe water temperatures are maintained. A temperature log will be kept and reviewed by administrator. 4/18/14

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

Signature of Legal Entity Representative (Required on EVERY Page) JoAnn Standish

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JoAnn Standish / administrative Date 11/28/2013

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

The above plan of correction is approved as of <u>4/18/14</u> (Date)	Plan of correction implementation status as of <u>4/18/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 18 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

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

The current personal care home complaint hotline number was not posted near the phones throughout the home including the phone in the kitchen.

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

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

Previous hotline number was corrected to current hotline number in front of inspector on each phone with outside access.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish / Administrative* Date *10/21/2013*

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

The above plan of correction is approved as of: <u>4/18/14</u> (Date)	Plan of correction implementation status as of <u>4/18/14</u> (Date)
The above plan of correction was approved by: <u><i>J</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>J</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

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2a. DESCRIPTION OF VIOLATION

APR 18 2014

There is no handrail at the step leading from the laundry room to the kitchen area.
There is no handrail at the ramp outside the rear exit door.

WEST REGION FIELD OFFICE
Human Services Licensing

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

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

A professional contractor accessed the site mentioned and agreed to construct a handrail.

Projected week of completion is the second week of December.

Completed
12-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joan Standish

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

Joan Standish adm.

Date 11/28/2013

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

The above plan of correction is approved as of

4/18/14
(Date)

Plan of correction implementation status as of

4/18/14
(Date)

The above plan of correction was approved by

J
(Initials)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 30 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deo
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
There are approximately 1-2" gaps between the blocks of the sidewalk leading from the rear exit door to the backyard, posing a tripping/fall risk.

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.

Blocks have been realigned to eliminate all
gaps. Efficiency was evaluated with A extra
large (wide) wheelchair and passed over
with ease.
Completed 11/10/2013

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Johanna Standish*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Johanna Standish / administrator* Date *11/10/2013*

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

The above plan of correction is approved as of 4/18/14 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 4/18/14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

APR 18 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
There was no thermometer in the refrigerator in the kitchen.

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

A refrigerator^{thermometer} was purchased AT Home Depot AND placed in the refrigerator the following day after the inspection.

10/22/13 completed

Immediately -
The administrator or designee will monitor the refrigerator and freezer temperatures at least weekly to ensure safe food storage.

J. Standish

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jo Ann Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOANN STANDISH / administrator* Date *10/22/13*

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

The above plan of correction is approved as of 4/18/14 (Date)

Plan of correction implementation status as of 4/18/14 (Date)

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

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

APR 30 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

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

The container of Miralax belonging to resident #3 was not labeled with the resident's name.

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.

Patients ~~██████████~~ was advised that ~~██████████~~ must provide all staff with OTC medications so it can be safely labeled. All staff was notified that ALL OTC MEDICATIONS require a label with the residents name, frequency, dosage and use (purpose)

Corrected 10/21/2013

By 4/26/14 - The administrator or designee will audit the medication cart at least monthly, to ensure proper procedures, including medication labels of OTC medications are followed. *Standish*

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

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOANN STANDISH / adm.* Date *10/21/2013*

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

The above plan of correction is approved as of 4/18/14 (Date)

Plan of correction implementation status as of 4/18/14 (Date)

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

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

APR 3 8 2014

Violation Report: 40630 - 10/21/2013 - McConnell, Deb
PCH Name: STANDISH S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered APAP, 325 mg - take 2 tabs 4 times a day as needed; however, the medication was not available in the home.

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

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

[Redacted], resident 2 Declined Tylenol in Capsule form.

This was discussed with [Redacted] primary Doctor, and a liquid form of Tylenol was prescribed to [Redacted]

MAR was adjusted to reflect these changes.

10/25/2013

By 4/20/14 - The administrator or designee shall audit the medication cart at least monthly, to ensure all medications are available in the home.

B. Standish

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Juan Standish*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JUAN STANDISH / administrator* Date *10/25/2013*

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

The above plan of correction is approved as of 4/18/14
(Date)

Plan of correction implementation status as of 4/18/14
(Date)

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

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