

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REBECCA S PERSONAL CARE HOME INC
LEGAL ENTITY

To operate REBECCA'S AT EVERETT
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537
(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 37
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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

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

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

No: 324071

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
ACTING DIRECTOR

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUL 29 2014

Mr. Dustin Miller, Owner/Administrator
Rebecca's Personal Care Home, Inc.
118 Masters Avenue
Everett, Pennsylvania 15537

RE: Rebecca's at Everett
License #: 324071

Dear Mr. Miller:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 30, 2014, May 1, 2014 and June 25, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #324070 dated June 28, 2014 to June 28, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 28, 2014 to June 28, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

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

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

Mr. Dustin Miller

2

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew J. Jones', with a long horizontal stroke extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

Page 1 of 25

PCH Name: REBECCA S AT EVERETT		License Number: 32407
Address: 118 MASTERS AVENUE, EVERETT, PA 15537		County: Bedford
Administrator: Dustin Miller		Region: CENTRAL
Legal Entity Name: REBECCA S PERSONAL CARE HOME INC		
Legal Entity Address: 118 MASTERS AVENUE, EVERETT, PA 15537		
Certificate(s) of Occupancy C-2 LP 12/09/1996 Labor & INdustry		
Staffing Hours Resident Support: - Total Daily Staff: 25 Waking Staff: 19		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/30/2014: Rosenblat, Dale; Loudenslager, Lynn 05/01/2014: Rosenblat, Dale; Loudenslager, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 37 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 22 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

RECEIVED TIME JUN. 19. 10:57AM

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Clean Indoor Air Act requires that personal care homes have a sign at their entrances to indicate if smoking is or is not available in the home. There is no sign at the entrance.

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.

Every morning Terushia Jackson does a morning walk ~~thru~~ of the home to insure that all signs are posted and in good repair.

A "no smoking" sign has been posted outside every entrance to the home. *de*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson, Administrator* Date *6/9/14*

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

The above plan of correction is approved as of *6/9/14*
(Date)

The above plan of correction was approved by *de*
(initials)

Plan of correction implementation status as of *6-25-14*
(Date)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2500

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident 1, admitted 2/06/2014, did not have a resident-home contract.

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.

As the new administrator of Rebecca's PCH I will ensure that all residents have a contract in place prior to admission or within 24 hours after admission as per state regulation

Resident #1 no longer resides at Rebecca's PCH. *se*

On 5/9/14, the new administrator, conducted an audit of all current resident records to ensure all residents have a current completed contract in their file. *se*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Terushia Jackson

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

Terushia Jackson

Date *6/9/14*

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6/19/14
(Date)

Plan of correction implementation status as of

6/25/14
(Date)

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

The above plan of correction was approved by

se
(Initials)

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

The contract dated 4/16/2014 for Resident 2, who receives SSI, does not specify that the resident will retain a personal needs allowance of \$85/month.

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

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

Resident 2 has had her contract updated to include her personal needs allowance of \$85 per month. This change was made by administrator, Terushia Jackson on May 2014.

As new administrator of the home I will ensure that all residents contracts include the personal needs allowance as per state regulation

On 5/9/14, the new administrator, conducted an audit of all current resident records to ensure all current resident contracts for those who receive SSI, specify the personal needs allowance. *je*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Terushia Jackson

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

Terushia Jackson, Administrator

Date 6/9/14

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(Date)

Plan of correction implementation status as of 6.25.14
(Date)

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

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident 3 does not include the charges for holding a bed during an absence.

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.

As per state regulation, Rebeccas PCH has amended our contract to include the charge for a resident to hold a bed in the event of hospitalization or other extended absence from the home. This correction was made May 2014 by Terushia Jackson.

On 5/1/14, an audit of all current resident contracts was completed to ensure all contracts were updated to include the charges for holding a bed during an absence. *je*

All new residents will receive a contract upon admission that includes the charges for holding a bed during an absence. *je*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson, Administrator</i>	Date <i>6/9/14</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>6/19/14</u> (Date)	Plan of correction implementation status as of <u>6-25-14</u> (Date)
The above plan of correction was approved by <u><i>je</i></u> (Initials)	<input checked="" 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: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The contract for Resident 1 does not include the complaint procedures and the resident rights.

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

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

Resident 1 was not present in the home during state inspection on 4/30/14. She was in a skilled facility due to illness. As of present date she still remains in a skilled facility. Rebecca's was informed that she is in the process of being admitted on a permanent basis at this skilled facility and will not be returning to Rebecca's PCH, per local MHR.

^{new & current}
As the new administrator of Rebecca's I will ensure that all residents have a contract in place that include information regarding resident rights and complaint procedures as per state regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Terushia Jackson

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

Terushia Jackson, Administrator

Date 6/9/14

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6/19/14
(Date)

Plan of correction implementation status as of

6.25.14
(Date)

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

The above plan of correction was approved by

JE
(Initials)

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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 obtained a criminal history background clearance from the Pennsylvania State Police on 4/30/2014 for Staff person A, whose first day of work was 3/19/2014.

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

As a plan of correction we did make sure that all staff members have a criminal background check done prior to working in the home. This began May 2014 and is performed by administrator, Terushia Jackson.

As the new administrator of Rebeccas I will ensure that all employees meet the background check requirements stated in the regulations before their first day of work. (JE)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson, Administrator* Date *6/9/14*

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

The above plan of correction is approved as of 6/19/14
(Date)

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

Plan of correction implementation status as of 6/25/14
(Date)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 15 hours of annual training in training year January 1 to December 31, 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.

As of May 15, 2014 Terushia Jackson completed the 100 hours personal care home administrator course and took over as administrator for [redacted] of the home.

As administrator of Rebecca's I plan to complete the 24 hours of annual training in order to be in compliance with state regulation. Will start beginning calendar year 2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Terushia Jackson

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

Terushia Jackson

Date 6/9/14

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

The above plan of correction is approved as of

6/19/14
(Date)

Plan of correction implementation status as of

6.25.14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
Ancillary staff person A, who began work on 3/19/2014, did not receive a general orientation to their job functions.

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.

Ancillary staff person A did receive a general orientation of the kitchen staff position and was given a copy of the job description in May 2014. This was performed by [redacted] Owner.

All hired applicants for ancillary staff will have a general orientation on position prior to working in that capacity. Documentation of the orientation will be maintained in the staff record of training. JE

On 5/21/14, an audit of all current ancillary employees' records was completed to ensure all current staff had a general orientation to their specific job functions as it relates to their position prior to working in that capacity and documentation of the orientation is stored in their record. JE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Terushia Jackson, Administrator

Date *6/9/14*

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The above plan of correction is approved as of *6/15/14*
(Date)

Plan of correction implementation status as of *6/25/14*
(Date)

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

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
CH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person C received only 6 hours of annual training in training year 2013. An additional 7 hours are required.
- Direct care staff person D received only 8 hours of annual training in training year 2013. An additional 4 hours of training are required.

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.

Direct care staff person C & D received make-up classes in the course training missing in year 2013. This was done over the month of May 2014. This was performed by Terushia Jackson. The topics included ~~fire safety~~, medication self-^{A fire safety} administration, safe management techniques, care for residents with mental illness and/or intellectual disability, emergency preparedness, and Older Adult Protective Services Act. Each topic was taught for an hour each. Over a month's time.

A staff training schedule has been established for 2014. Each month training is held for the staff to ensure compliance with the 12 hour mandatory direct care training.

7/31/2014 - Staff person C will complete 7 hours of the 2013 training. Documentation will be kept.

7/31/2014 - Staff person D will complete 4 hours of the 2013 training. Documentation will be kept.

The administrator will monitor all staff person training through the quality management review to ensure all staff persons receive the required 12 hours of annual training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Terushia Jackson

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

Terushia Jackson, Administrator

Date 6/9/14

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

The above plan of correction is approved as of

6/19/14
(Date)

Plan of correction implementation status as of

7.15.14
(Date)

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

The above plan of correction was approved by

fe
(Initials)

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

During training year 2013, direct care staff persons C and D did not receive training in the topics of medication self-administration, safe management techniques and care for residents with mental illness and/or intellectual disability.

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

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

A make-up course was conducted on May 9 2014. To ensure that staff persons C and D are up to date with their trainings. In order to prevent this from happening again, a training schedule is posted in the employee room with scheduled trainings every month. These meetings are mandatory for staff.

all required

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lerasha Jackson* Date *6/9/14*

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

The above plan of correction is approved as of <u>6/9/14</u> (Date)	Plan of correction implementation status as of <u>6/9/14</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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale	
PCH Name: REBECCA S AT EVERETT	
<p>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:</p> <ol style="list-style-type: none"> (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. 	
<p>2a. DESCRIPTION OF VIOLATION Staff persons C and D did not receive training in fire safety, emergency preparedness and Older Adult Protective Services Act during training year 2013.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p style="margin-left: 40px;">A make-up course was conducted on May 23 2014. To ensure that staff persons C and D are up to date with their trainings. To prevent this from happening again. A training schedule is posted in the employee room with scheduled trainings every month. These meetings are mandatory for staff.</p> <p style="margin-left: 40px;">7/18/14 - Staff person C and D will have fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. <i>JE</i></p> <p style="margin-left: 40px;">The administrator will review all staff training as part of the quality management review process to ensure all staff persons receive the required annual training in 2600.65g. <i>JE</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson</i>	Date <i>6-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/15/14</u> (Date)	Plan of correction implementation status as of <u>7.15.14</u> (Date)
The above plan of correction was approved by <u><i>JE</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: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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 the home does not include a thermometer, antiseptic and adhesive tape.

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

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

The thermometer, antiseptic, and adhesive tape was added to our first aid kit. This was added by [redacted] in May 2014. To ensure this does not occur again a sign was put where the first aid kit is stating that any item taken from the kit must be replaced and if supplies in the kit get low this should be reported to the administrative staff for restocking.

A monthly audit of the first aid kit will be conducted by the new administrator. This audit will occur on the day the monthly fire drill is conducted. *6/6*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Tereshia Jackson - Administrator Date *6/9/14*

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The above plan of correction is approved as of

6/19/14
(Date)

Plan of correction implementation status as of

6.25.14
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
2600.96(b) - Staff persons shall know the location of the first aid kit.

2a. DESCRIPTION OF VIOLATION
Staff person E, the assistant administrator, did not know the location of the first aid kit.

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

The home had a staff meeting on May 9th, 2014 in which the staff was informed where the first aid kit will be located and what process to take when supplies in the kit become low. This was performed by Terushia Jackson

To ensure that the first aid kit is fully stocked it will be checked every week by administration and Resident care directors.

The first aid kit is located in the common area on top of a side table. *ju*

A monthly audit of the first aid kit will be conducted by the new administrator to ensure of required elements of the kit are present. This audit will occur on the day the monthly fire drill is conducted. *ju*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Terushia Jackson Administrator*

Date *6/9/14*

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

The above plan of correction is approved as of *6/19/14*
(Date)

Plan of correction implementation status as of *6.25.14*
(Date)

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

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

-On 5/01/2014, around 11:15 AM, the exit door in the back of the home was locked. The door knobs have manual locks on the handles and the all the doors are locked at night. The exit door in the back had not yet been used, so it was locked from the prior night. Not all residents are capable of unlocking these exit route doors during an emergency.

-The egress path from the building through the courtyard requires the opening of a gate with a latch that locks the gate each time it is used. Not all residents are capable of using this latch mechanism in an emergency.

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

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

The home purchased new door knobs for the exit doors in the home. These knobs will lock the door from the outside of the home and remain unlocked on the inside of door. So there is an element of safety at night as well as the residents can leave the home without having to mess with the doorknob.
The latch on the gate in the egress path was removed from the gate so there is no requirement by the residents to open that gate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Serushia Jackson Administrator

Date *6/9/14*

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

The above plan of correction is approved as of 6/19/14
(Date)

Plan of correction implementation status as of 6-25-14
(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: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
A fire drill was not conducted in September 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.

We now have a fire drill every month. As the new administrator I keep track of the fire drills on my personal Google calendar and ensure that they are performed on a monthly basis.

The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c. *JE*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Terasha Jackson*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Terasha Jackson, Administrator* *6/9/14*

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The above plan of correction is approved as of *6/19/14*
(Date)

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

Plan of correction implementation status as of *6/19/14*
(Date)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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 4/30/2014 does not reflect the accurate time of the drill. The log indicates the time of the drill was 6:00 AM. Inspectors were in the home by 10:00 AM that day and the April fire drill had not yet been conducted. According to residents 5 and 6, the drill was conducted in the late evening of 4/30/2014.

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

We currently use the fire drill record sheet supplied by the state. As of May 2014 we have been keeping accurate record of our fire drills conducted monthly. To ensure that this is done correctly, the form is filled out by Terushia Jackson, as soon as the fire drill is conducted.

The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c. *je*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terushia Jackson - Administrator* Date *6/9/14*

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

The above plan of correction is approved as of <i>6/9/14</i> (Date)	Plan of correction implementation status as of <i>6-25-14</i> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (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: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to residents 5 and 6, during the fire drill the evening of 4/30/2014, it was raining so residents did not evacuate to the outside of the building. The residents were instructed to gather at an exit door of the home; the home does not have a fire safe area.

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

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

The residents have been through one fire drill since the inspection and are evacuated to the fire safe area outside the building. This happened on 5/29/14.

To ensure compliance with the state regulation all staff have been oriented in fire safety and instructed on where to evacuate residents in the event of a fire.

The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, all residents are evacuated to a public thoroughfare, or to a fire-safe area, and documentation is kept for each fire drill on a record which includes all information required by 2600.132e.

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

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) *Terasha Jackson Admin* Date *6/9/14*

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

The above plan of correction is approved as of *6/9/14*
(Date)

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

Plan of correction implementation status as of *7.8.14*
(Date)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION
The last drill conducted during sleeping hours was on 10/14/2013.

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.

A sleeping hours fire drill is scheduled to be conducted every June and December. As the new administrator I have scheduled these fire drills into my Google calendar in order to keep track of when fire drills are due and what time they should be conducted.

By 6/27/14, the administrator will conduct an unannounced fire drill during sleeping hours. The fire drill will be conducted using the number of staff regularly scheduled during sleeping hours and not when additional staff is scheduled. All residents will evacuate out of their individual rooms to a designated meeting area within a fire safe area or to the designated outside meeting area. The home will notify the Department's Central Region of when the drill will be held and the documentation of the drill will be submitted to the Department. *JE*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jerusha Jackson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jerusha Jackson - Admin* Date *6/9/14*

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

The above plan of correction is approved as of <u><i>6/19/14</i></u> (Date)	Plan of correction implementation status as of <u><i>7.15.14</i></u> (Date)
The above plan of correction was approved by <u><i>JE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa. Code §2600
2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

A medical evaluation was completed on 6/02/2013 for Resident 3. The hospice care plan, dated 12/09/2013, indicates the resident's sleeping has increased to 20+ hours per day, confused, agitated, stumbles frequently and is very unsteady. This represents significant changes that should have been assessed by the resident's physician in a medical evaluation.

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

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

Resident 3 was evaluated by Dr. Snyder on 12/7/13 due to change in her medical status. This resident is under Southern Care Hospice service and receives regular evaluations from their physician.

Immediately - The Administrator will develop a system to ensure that a decline in a resident's status is acted upon promptly and that the home secures medical care. The home shall document the resident's need for medical care in the resident's assessment and support plan. *je*

By 7/25/14, Resident 3 will have a new medical evaluation completed. *je*

By 7/25/14, the administrator will review all current medical evaluations ensure all medical evaluations are complete and ensure that any resident who has had a significant decline in medical condition shall have a new medical evaluation completed. *je*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Lexisha Jackson - Admin

Date

6/9/14

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The above plan of correction is approved as of

6/20/14
(Date)

Plan of correction implementation status as of

6.25.14
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's menu for the week of April 28th was posted. The menu for the following week of May 5th was not posted.

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

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

We have the current week and 1 week in advance menu posted in the main dining room on a bulletin board. This was fixed on 4/30/14 by Dustin Miller. All kitchen staff was informed to always have the current menu and 1 week in advance posted at all times.

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) *Terushia Jackson* Date *6/9/14*

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

The above plan of correction is approved as of *6/9/14*
(Date)

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

Plan of correction implementation status as of *6-25-14*
(Date)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 5/01/2013, Cyanocobalmin 1000mcg, dated 11/23/2012, prescribed for Resident 4, was in the home. The medication was not listed on the MAR. The pharmacy confirmed that it was discontinued in 2013, but the home did not have a discontinue order from the physician.

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

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

The medication was discontinued on 4/30/14 as soon as it was found by RCD [redacted] To ensure that all of our residents medications are up to date we now go thru the medication cart weekly and check all medications to make sure they comply with state regulations and all paperwork is in order.

Med-techs

The administrator will check all medications monthly to ensure all medications are current and the medication is listed on the resident's medication administration record. *JE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Terushia Jackson - Admin

Date *6/9/14*

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

The above plan of correction is approved as of

6/19/14
(Date)

Plan of correction implementation status as of

10-25-14
(Date)

The above plan of correction was approved by

JE
(Initials)

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

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home did not have documentation that staff persons D and E successfully completed the Department-approved medications administration course. According to the MAR both staff persons administered medications during the month of April.

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

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

Staff persons D did successfully complete the Department -- approved medication administration course to allow them to administer medications. Documentation will be sent in stating this by July 1, 2014. Staff person E was never trained for medication administration and never gave medication to residents in Rebecca's PCH in April of 2014 or any time prior to that.

The administrator will review staff records to ensure all staff persons administering medications meet the qualifications and documentation is present.

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)

Terushia Jackson - Administration

Date

6/9/14

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

The above plan of correction is approved as of

6-19-14
(Date)

Plan of correction implementation status as of

6-25-14
(Date)

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

The above plan of correction was approved by

JG
(Initials)

Violation Report: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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 2/06/2014. The home has not completed an Initial assessment for 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.

As of present, resident 1 is no longer with Rebecca's PCH. As the new administrator I will ensure that all new residents of the home have the Department's assessment form completed within 15 days of admission. I enter all new residents into my Google calendar to ensure all forms are completed within the deadline appointed by state regulation.

On 5/9/14, an audit was completed by the administrator on all current resident records to ensure all residents have a current assessment. *JE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lanashia Jackson - Admin</i>	Date <i>6/9/14</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>6/19/14</u> (Date)	Plan of correction implementation status as of <u>6.25.14</u> (Date)
The above plan of correction was approved by <u><i>JE</i></u> (Initials)	<input checked="" 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: 32407 - 04/30/2014 - Rosenblat, Dale
PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION
Resident 1 was admitted 2/06/2014. The home has not developed a support plan for 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.
As of present, resident 1 is no longer with Rebecca's PCH. As the new administrator I will ensure that all new residents of the home have the Department's support plan completed within 30 days of admission to the home. I enter all new residents into my Google calendar to ensure all forms are completed within the deadline appointed by state regulation

On 5/9/14, an audit was completed by the administrator on all current resident records to ensure all residents have a current support plan. *JE*

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

6/19/14
(Date)

Plan of correction implementation status as of

6.25.14
(Date)

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

The above plan of correction was approved by

JE
(Initials)