



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 12 2014

Mr. Larry Liang, Owner/CEO
Penstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License #: 138550

Dear Mr. Liang:

As a result of the Department of Public Welfare's licensing inspection on June 11, 2014, June 16, 2014 and August 11, 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 July 5, 2014 to July 5, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 6/16/14, Agents of the Department requested access to residents' financial records. Staff person A did not have access to these records. Staff person A was the administrator designee at this time.

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

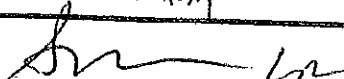
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will be in-serviced on where Financial Record book is located by August 1, 2014. Staff will be able to provide access to resident's records upon request.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



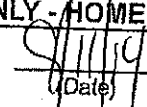
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

SONSA maker Administrator

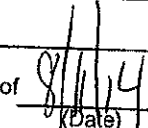
Date 7/29/14

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

The above plan of correction is approved as of

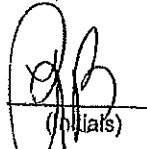

 (Date)

Plan of correction implementation status as of


 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6/8/14, there was a medication error involving resident #1. The home did not submit an incident report to the Department.

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.

I disagree with this violation because proper documentation and physician notification was made at the time of the refusal.

All nursing staff will receive training by 8/1/14 on proper notification of med error and incident report.

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)

Sonda Males Administrator

Date 7/29/14

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

The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

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

The above plan of correction was approved by

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

On 4/1/14, 4/10/14, 4/15/14, 4/24/14, 4/29/14, 5/2/14, 5/9/14, 5/17/14, 5/20/14, 5/27/14, 6/5/14, and 6/8/14, a cash disbursement was made to resident #1. The home did not obtain the resident signature for the receipt of the disbursement.

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 signed all cash disbursements made on 7/24/14, verifying receipt of cash disbursements.

Administrator will have all resident's sign for receipt of disbursement.

The administrator or designee will review all resident financial records on a monthly basis starting 8/1/14.


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) Sonia Maher Administrator Date 7/29/14

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

The above plan of correction is approved as of 8/1/14 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8/1/14 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 does not have a quality management plan.

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.

Quality management plan in place and documentation of QM meeting from 2013 placed in Quality Mgmt. binder on 7/24/14.
 Administrator will maintain and implement Quality management plan yearly.
 The next planned QM meeting for 2014 was held on 7/23/14 and another by 8/5/14.

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) <i>Santa Malar Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of *[Signature]*
 (Date)

Plan of correction implementation status as of *[Signature]*
 (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: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

2a. DESCRIPTION OF VIOLATION

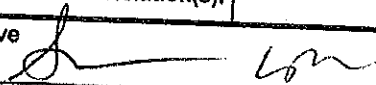
The home's main entrance, located on the side of the building, is part of a fenced in backyard. The gate to exit the property has a keypad that is connected to an alarm. The code is not posted on or near the keypad. Staff person B stated that the code cannot be posted for the keypad because then "residents could leave." The home rules and the residents' support plans do not contain any documentation that the resident right should be restricted.

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's who can't go outside without supervision, it is listed in their care plan that they need some supervision when outdoors. The keypads do not lock any doors they are used to prevent the alarm from sounding. Resident's that do not require supervision have access to the code to keep alarm from sounding. There are resident's that require 1:1 supervision when in the community and do not have access to the code so that staff are alerted when they attempt to leave facility. Care staff do observe resident's that require supervision in the community to accompany the resident when outside and to provide 1:1 in community. Administrator will update home rules to advise resident's that keypad is there to alert staff when resident exiting and may require supervision.

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) Sonja Muter Administrator Date 7/29/14

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

The above plan of correction is approved as of 8/11/14 (Date)

Plan of correction implementation status as of 8/11/14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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

The home has video cameras throughout the facility that are recording. There is a camera at the main entrance where the medications are also stored, a camera in the parking lot, a camera in the kitchen, two cameras in hallways. There are no signs to indicate that any of these areas are being recorded by video. The home did not notify the residents of the video recording upon admission. There are also two cameras, one on each side, in the residents' lounge area. The home is prohibited from recording in this area as it is a common area and does not show any exits or entrances.

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 two camera's in the common area were immediately removed. A sign was posted in the facility on 7/24/14 that the facility is being video recorded. Letter given to residents on 7/22/14 that video recording is being done in home for safety. ^{In the medication room, parking lot, kitchen and hallway etc.} Administrator will notify future residents of video recording prior to admission. Resident rights will be updated by 8/5/14 to include the current video camera recording.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] LAR

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

Sonia Miller Administrator

Date 7/29/14

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

The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (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: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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
 - Direct care staff member C was hired on 12/27/13. The home did not request a criminal background check for this staff member until 1/17/14.
 - Direct care staff member D was hired on 3/19/14. The home did not request a criminal background check for this staff member until 3/22/14.

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

Administrator will ensure criminal background check is done on or before first day of work for new employees. Administrator will ensure use of new employee check list.

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) *Sonia Mather Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 - Direct care staff person D does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.
 - Direct care staff person E does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 D provided diploma on 7/24/14.
 Staff E no longer employed at facility.
 Administrator to obtain HS diploma or GED upon hiring of Direct Care Staff.

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) *Sonja Miller Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date) *8/11/14*

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

Plan of correction implementation status as of *[Signature]*
 (Date) *8/11/14*

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 F, the home's administrator, completed only 6 hours of annual training in training year 2013.

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

Administrator will ensure has 24 hours annual training. Administrator has 30 hours for 2014. Administrator will use 18 of them toward 2013 and will obtain 12 more hours by 12/31/14 for appropriate credits to be completed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SORITA Mader Administrator</i>	Date <i>7/29/14</i>
---	---------------------

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person D, hired on 3/19/14, provides unsupervised ADL services. The staff person has not received the DPW approved direct care online training.

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

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

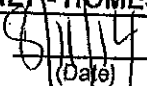
**Staff D obtained DPW online training 7/22/14.
 Administrator will have Direct Care Staff
 complete DPW training upon hire, will review
 check list prior to staff providing unsupervised care.**

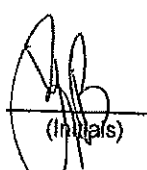
Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonja Mader Administrator	Date 7/29/14
--	---------------------

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

The above plan of correction is approved as of  (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of  (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 E received only 6 hours of annual training in training year 2013.
- Direct care staff person G received only 11 hours of annual training in training year 2013.

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

I disagree staff G had 12 hours, in 2013.
 Staff E had 9 however did not copy since it is still not complete. Administrator will ensure Direct Care Staff have 12 hours annual training.
 Administrator will check every month that every staff member has completed the in-service.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) C-91

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>SONJA Mcker Administrator</u>	Date <u>7/29/14</u>
--	---------------------

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

The above plan of correction is approved as of
 (Date)

The above plan of correction was approved by
 (Initials)

Plan of correction implementation status as of
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

- Direct care staff person D did not receive training on medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the residents, and safe management techniques in training year 2013.

- Direct care staff person F did not receive training on medication self-administration, personal care service needs of the residents, and safe management techniques in training year 2013.

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

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

I disagree Staff D was hired on 3/19/14 and was not employed in 2013.
 Staff F is administrator and is required to do administrator training.
 Administrator updated training topics to include necessary topics. Staff to complete appropriate training by 12/31/14.

withdrawn JFB

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] Low

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

Sandra Miller Administrator

Date *7/29/14*

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

The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (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: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

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 person E did not receive training in resident rights during training year 2013.

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

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

Staff E no longer employed.
 Administrator will ensure Direct Care Staff receive annual training on resident rights.
 Administer will review all current employees to ensure have 2013 resident right in-service.
 Administrator to have on annual training plan to ensure all employees complete by 12/31/14.

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)	Date
---	------

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

The above plan of correction is approved as of
(Date)

The above plan of correction was approved by
(Initials)

- Plan of correction implementation status as of
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION
On 6/16/14, an unlabeled toothbrush and razor were found in the second floor common bathroom.

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.

Toothbrush and razor were immediately removed.
Administrator to in-service staff by 8/5/14 on care of personal care items.
Administrator will add to annual training of staff members.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sonja Miller Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
(Date)

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

Plan of correction implementation status as of *[Signature]*
(Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The front staircase of the home between the first and second floors wraps around a corner. The light for this stairwell is located at the bottom and does not illuminate the top of the staircase due to the curving of the stairs. The light on the wall in this area is not operable. This stairwell is used as an evacuation route and is used by residents on a regular basis to go to their rooms located on the second floor.

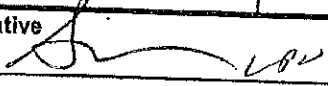
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Light on front staircase was repaired on 7/25/14.

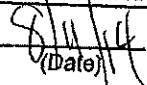
Owner will maintain daily for safely lit rooms, hallways, stairs and for any light fixtures that are not in working order.


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

Signature of Legal Entity Representative (Required on EVERY Page) 

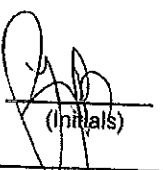
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonya Miller Administrator Date 7/29/14

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)

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

The above plan of correction was approved by  (Initials)

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - Four ceiling tiles in the rear of the living room have water damage. The tiles are bowed in the middle. Also due to the condition of the tiles they may be hazardous to the residents.
 - The ceiling tile above the exit at the medication area is cracked. The tile could break and fall and pose a danger to the residents.

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.

Ceiling tiles repaired on 7/17/14.
 Owner will maintain floor, wall, ceilings, windows, doors are in good repair on daily rounds.

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) *SURSA Maher Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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

- On 6/16/14, at 9:20 am, the water temperature at the sink in the first floor common bathroom measured 123 degrees Fahrenheit.
 - On 6/16/14, at 9:43 am, the water temperature at the sink in the second floor common bathroom measured 124.8 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.

Water temp. adjusted in both bathrooms to be between greater than 106 degrees and below 120 degrees.
 Owner will monitor water temp. daily, and monitor with water temp. log daily.

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) *SORTA makes Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 65 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
There is a 1/4 inch hole with a 12 inch rip going diagonally to the left at the bottom right corner in the screen of the window at the front 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.

New screen purchased and installed on
7/24/14.
Owner will ensure windows are in good
repair with daily rounds.

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) *Sorisa Maher Adamus Inter* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
(Date)

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

Plan of correction implementation status as of *[Signature]*
(Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION
The exterior step constructed of cinder blocks and a rock slab in the backyard, does not have a handrail.

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.

Hand rail installed to step on 7/25/14, temporarily.
Owner will maintain ramp, stairway and outside steps for safety on daily rounds.
A permanent set of exterior stairs was constructed by 9/1/14, to include a secure handrail on both sides of the stairs. (2)

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Santa Mole Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
(Date) *8/11/14*

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

Plan of correction implementation status as of *[Signature]*
(Date) *9/8/14*

- Fully Implemented *(2) 9/8/14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *corrected 9/8/14 (2)*

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.93(b) - Each porch must have a well-secured railing.


2a. DESCRIPTION OF VIOLATION

The porch in the front of the home has a loose, poorly secured railing on the right side when facing the street.

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.

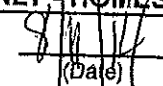
Owner tightened and secured rail with a bracket on 7/15/14.
 Owner will maintain well secured railings on daily rounds.

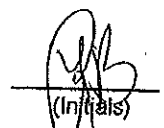
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUNJA Maher Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of 
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of *8/11/14*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The railing at the front entrance is constructed from wood. The railing on the left is split causing a pinching or cutting hazard for residents.
- The faucet for the sink in the second floor common bathroom is loose and lifts away from the counter top.
- There is a metal plate with loose wires jutting out of it above resident room #11. The wires are not covered.
- There is a step in the backyard that goes from the patio to the yard. It is constructed of three cinder blocks and a rock slab. The slab is not secured and is wobbly when walked on.

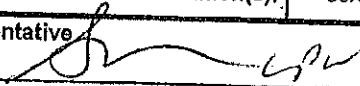
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Faucet sink fixed on 7/15/14.
 Metal plate with loose wires removed and covered on 7/15/14.
 Step in backyard cinder blocks were removed and steps were made on 7/20/14.
 Railing was painted to smooth texture on 7/25/14.
 Owner will maintain furniture and equipment are in good repair on daily rounds.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

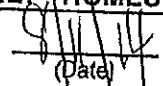


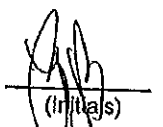
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)


Sonia Mader Administrator

Date 7/29/14

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

The above plan of correction is approved as of 
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 medication area does not include protective eye coverings.

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.

Protective eye covering was purchased and placed in first aid kit on 7/23/14.
 Administrator will check first aid kit monthly to ensure it includes all required material.

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) *Sonia Males Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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

- A bundle of wires approximately 6 inches in height are sticking up from the grass between the parking lot and the bottom of the external fire escape. The wires are wrapped in a ripped plastic shopping bag and pose a tripping hazard.
- There is a five inch deep, one and a half foot by four inches open area of the ground in the patio area to the right of the gate where the patio meets the fence. This open area poses a tripping hazard for the residents.
- There is a large stone slab loosely resting on the left end of the top of the small brick wall where it meets the fence. The slab is heavy and would injure a resident if it fell on one of them.

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.


Wires were covered with cement and a flower pot on 7/18/14. It is no longer a trip hazard.

Open area on porch was covered in with cement on 7/17/14.

Large stone slab was removed on 6/12/14.

Owner will maintain exterior bldg. and grounds are in good repair and free of hazard on daily rounds.

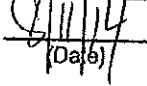
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--


Signature of Legal Entity Representative
 (Required on EVERY Page) 

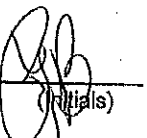
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonja Maher Administrator*

Date *7/29/14*

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)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

- The window coverings on the center window in the living room are missing three slats on the right.
- The window coverings on the window in resident room #4 are missing four slats.
- The window coverings on the window at the far wall on the left side in resident room #5 are missing slats.

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.

Window coverings in living room, room 4 and room 5 were replaced on 7/17/14.
 Owner to monitor window coverings monthly for any damage and that they are in good repair, clean and provide privacy.

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)

Sonia Baker Administrator

Date 7/29/14

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

The above plan of correction is approved as of

7/17/14
 (Date)

Plan of correction implementation status as of

8/1/14
 (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: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION

On 6/16/14, 16 gallons of water and a gallon of orange juice were being stored on the floor in the basement.

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.

Water and orange juice removed from floor on 6/15/14.
Administrator will monitor daily that no food is stored on the floor.

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)

SORISA Mader Administration

Date *7/29/14*

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

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(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: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

- A bowl of greens and a bowl of red sauce were unlabeled in the refrigerator in the kitchen.
- A chunk of what appeared to be meat was unlabeled in the refrigerator in the basement near the boiler.

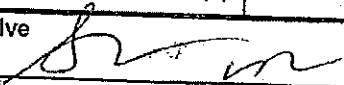
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 removed unlabeled food on 6/11/14.
 Staff to receive in-service by 8/5/14 on proper handling of leftover food, and need for label and date.
 Administrator will monitor daily for any food that is not labeled.

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)

Suresha Maker Administrator

Date 7/29/14

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

The above plan of correction is approved as of 8/11/14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/11/14
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

- On 6/16/14, the temperature in the freezer in the refrigerator/freezer unit in the kitchen was 20 degrees farenheit.
- On 6/16/14, the temperature in the second freezer from the back of the storage area in the basement was 8 degrees farenheit.
- On 6/16/14, the temperature in the freezer in the refrigerator/freezer unit near the door in the basement was 16 degrees farenheit.
- On 6/16/14, there was no thermometer in the refrigerator near the boiler in the basement.

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 temperature on the 3 freezers was Adjusted on 7/20/14 to maintain proper requirement.
 Thermometer placed in refrigerator, near boiler room on ~~7/20/14~~ 8/19/14 @
 Owner will monitor fridge and freezer temp. daily utilizing fridge/freezer log.
 New thermometers were purchased and placed in the Creezer and refrigerator on 8/19/14. @

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) Sonisa Males Administrator Date 7/29/14

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

The above plan of correction is approved as of 9/11/14
 (Date)

The above plan of correction was approved by
 (Initials)

Plan of correction implementation status as of 8/11/14
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress 9/8/14

Partially Implemented - Inadequate Progress

Not Implemented updated 9/8/14

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.104(a) - A dining room area shall be equipped with tables and chairs and be able to accommodate the maximum number of residents scheduled for meals at any one time.

2a. DESCRIPTION OF VIOLATION

The dining table in the main dining room of the home has seating for six. The smaller dining table in the rear of the living room has seating for three. The home currently has 20 residents. Residents not eating at one of the two dining tables eat at trays in the living room while seated on a couch or chair. Residents reported that this is common practice for all meals and that the two separate meal schedule is not being followed.

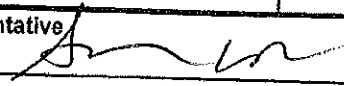
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 facility has a two seating schedule
 For meal times 7:30am and 8:00am for
 breakfast. 11:30am and 12:00pm for
 lunch and 4:30pm and 5:00pm for dinner.
 Some residents choose to sit in living room
 and or outside.
 Staff to continue to offer two seating times and
 encourage residents to eat at dining area.
 Meal schedule is posted for staff and residents.
 Administrator to add two meal schedule to
 house rules by 8/5/14.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) SORISA mader Administrator Date 7/29/14

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

The above plan of correction is approved as of 8/11/14
 (Date)

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

- Plan of correction implementation status as of 8/11/14
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

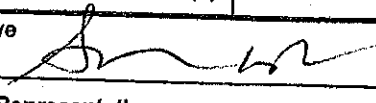
The home's written emergency procedures are not specific to the facility. They do not include any of the required content and include job titles that do not exist in the home such as the director of nursing and maintenance director and their responsibilities in an emergency. Additionally, the procedures instruct staff and residents to evacuate to places that do not exist in the home, for example, the loading dock in the rear.

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.

I disagree due to there is a written emergency procedures in book.
 Administrator will ensure staff trained annually.
 Will ensure emergency procedure is available upon request.
 Removed any old procedure books. Will update to remove loading dock from procedure by 8/5/14.

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)	Date
SONIA MCKELER Administrator	7/29/14

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

The above plan of correction is approved as of <u>8/11/14</u> (Date)	Plan of correction implementation status as of <u>8/11/14</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: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
On 6/16/14, the home had 20 residents, but only 43 gallons of emergency drinking water.

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.

I disagree there were 60 bottles of water on hand at time of inspection as shown in picture.
Owner will maintain a 3 day supply of nonperishable food and drinking water for residents and monitor monthly.

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 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

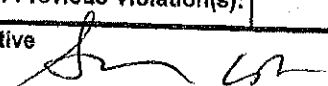
1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency in 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.


Emergency procedures mailed to municipal agency on 7/24/14.
 Administrator will send copy of emergency plan to municipal agency yearly and when updated.

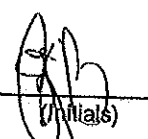
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

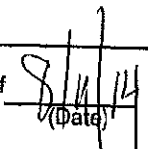
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia Mader Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of 
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 6/16/14, a large box labeled "Blankets Spreads" half way blocked egress from the home's second floor exit to the external fire escape.

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

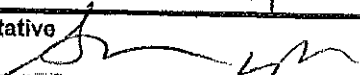
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Box removed on 6/12/14.
 Staff to be in-serviced by 8/5/14 on maintaining clear hallways and not blocking exit areas.
 Administrator will monitor facility daily for any obstruction of hallways or exits.

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)

Soris Amodeo Administrator

Date

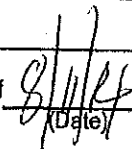
7/29/14

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)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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

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

I disagree, the procedure is implemented in our policy. We were sited on this a few years ago and it was added at that time. Administrator will ensure policy includes procedure for when smoke detector and fire alarms are inoperable. Will discard any old policy books and keep current available upon request.

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) <i>Sonia A. Miller Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of *[Signature]*
 (Date) *8/11/14*

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

Plan of correction implementation status as of *[Signature]*
 (Date) *8/11/14*

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

Violation Report: 13855 - 08/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

- The fire extinguisher directly outside of the home's front entrance has not been inspected a fire safety expert since April 2013.
- The fire extinguisher on the third floor of the home has not been inspected a fire safety expert since April 2013.

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

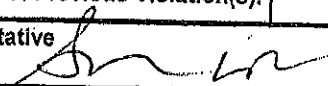
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire extinguishers outside home and on the third floor were inspected on 7/24/14. Owner to ensure fire extinguishers are inspected annually by fire safety expert.

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)

Sonia Parker Administrator

Date

7/29/14

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

The above plan of correction is approved as of

8/11/14
 (Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

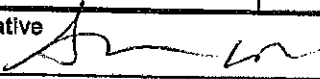
1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 4/8/13.

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.

Fire safety inspection was done on 4/8/14.
 Copy was not available at time of inspection.
 Copy obtained and filed in log book.
 Administrator will ensure fire inspection is done annually and report is available upon request.

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

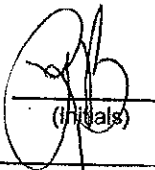
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia Mader Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of *8/11/14*
 (Date)

Plan of correction implementation status as of *8/11/14*
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 6/2/14 states that the front and side exits were used during evacuation. Based on interviews with staff, only the side exit was used.

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.

I disagree, front side and rear exits are used during fire drills. Upstairs residents and a few on first floor use front office exit when required.

Administrator will ensure all exits are used when stated are in use.

Administrator will in-service employees of proper fire drill and observation by 8/5/14.

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)

Sonia Parker Administrator

Date 7/29/14

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

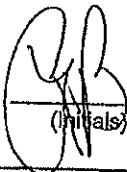
The above plan of correction is approved as of

8/11/14
 (Date)

Plan of correction implementation status as of

8/11/14
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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

The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are: 4/5/14 - 4 minutes 25 seconds; 5/6/14 - 3 minutes 40 seconds; 6/2/14 - 3 minutes 45 seconds.

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.

Designated time is on inspection letter with evacuation time of 6minutes 0seconds.

Administrator will ensure record is on file and available upon request.

Administrator will monitor that letter is on file annually, AND all evacuation times during fire drills do not exceed the fire safety experts recommended evacuation times starting 9/1/14

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) <i>Sonya Mober Administrator</i>	Date <i>7/29/14</i>
--	---------------------

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

The above plan of correction is approved as of *8/1/14*
 (Date)

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

Plan of correction implementation status as of *8/1/14*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation area is at the bottom of the driveway. Based on resident interviews, residents evacuate to the patio directly next to the house during fire drills.

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.

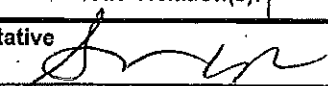
Administrator will ensure that all residents are evacuated to meeting place in parking lot during monthly fire drills.

Administrator will have staff training on fire drill evacuation procedure by 8/5/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



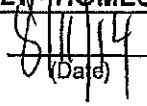
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sonia M. McHale Administrator

Date 7/29/14

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

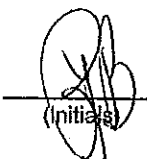
The above plan of correction is approved as of


 (Date)

Plan of correction implementation status as of


 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 There is no exit sign over the second floor exit door near resident room #10. The home currently serves 20 residents.

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.

Exit sign installed at 2nd floor exit near room 10 on 7/24/14.
 Administrator will ensure that exit signs are placed at all exits daily.

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) *Sonya A. Mather Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

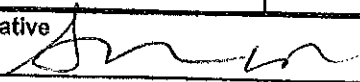
The letters on the exit sign over the interior stairwell that is the way to reach the exit door from the second floor to the first floor are only one inch in height and 1/4 inch in width. The home currently serves 20 residents.

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.

Exit sign was replaced with letters 6in. ht. and 3/4 in. wide in the interior stairwell on 7/24/14.
 Administrator will ensure exit signs are proper size daily.

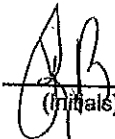
Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2013	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonya Miller Administrator</i>	Date <i>7/29/14</i>
---	---------------------

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

The above plan of correction is approved as of 8/11/14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/11/14
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 medical evaluation for resident #1, dated 10/28/13, does not include medication regimen, contraindicated medications, and medication side effects.
- The medical evaluation for resident #2, dated 4/3/14, does not include immunization history.

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.

Medication regimen was obtained on 10/18/13.
 Administrator to ensure that medical eval. Is fully completed.
 Follow up with physician on 7/24/14 and informed he has no immunization record for this resident. Noted on box on form.
 Administrator will ensure that forms are Fully completed and if not then are sent back to be completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonia Baker Administrator* Date *7/29/14*

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

The above plan of correction is approved as of *8/1/14*
 (Date)

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

Plan of correction implementation status as of *8/1/14*
 (Date)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

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 #3 has an order for Clotrimazole Beta Dip 15 gm as needed. This medication was not present in the home. Resident #1 is also prescribed Lyrica, which is a controlled substance. The home's policy states that controlled substances will be counted. This medication is not counted

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.

Medication ordered and received on 7/22/14.
 Nursing staff to ensure all prn meds are available.
 Monthly med audits are to be done by the 30th of each month.

Lyrica added to narcotic list on 7/24/24.
 Administrator will ensure all narcotics are counted.
 Administrator will have in-service on narcotic sheet and controlled substance by 8/5/4.

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) *Sonia Miller Administrator*

Date *7/29/14*

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

The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (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: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 6/8/14 at 9:00 am, resident #1 did not received their scheduled dose of Aspirin 81 mg, Avodart 0.5 mg, Benzotropine 1 mg, Lisinopril 2.5 mg, and Lorazepam 1 mg. The error was not reported to the prescriber or designated person.

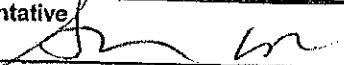
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

I disagree the physician was made aware of the refusal and there was no new orders it was documented.


Administrator to in-service staff on proper documentation and notify state of medication errors by 8/5/14.


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

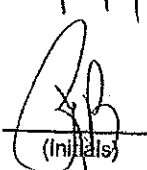
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia Miller Administrator</i>	Date <i>7/29/14</i>
---	---------------------

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

The above plan of correction is approved as of 
 (Date)

Plan of correction implementation status as of 
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION
The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

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.

Activities coordinator designed a program to include resident family members. Family invited to an event at facility on 8/21/14. Activities coordinator will ensure that an activity with family invited occurs monthly.

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 _____
(Date)

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

- Plan of correction implementation status as of _____
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's description of services lists "unable to evacuate the building unassisted" under their discharge criteria. The home currently has three residents who are not able to evacuate the building unassisted and are considered "immobile."

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 discharge criteria was changed on 7/22/14 by removing part that stated residents to be discharged if unable to evacuate unassisted. Administrator will monitor description of services monthly and update if needed.

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 7/29/14

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

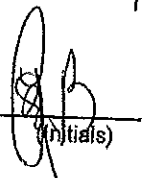
The above plan of correction is approved as of

8/11/14
 (Date)

Plan of correction implementation status as of

8/11/14
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 13855 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home does not have written procedures for the delivery and management of services.

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

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

Administrator to implement policy on delivery and management of services.

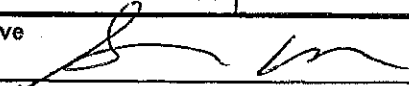
Administrator wrote up policy on 7/29/14 and filed in policy book.

Administrator will update annually or as needed.

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)

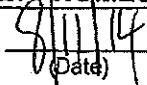
Susan A. Mcker Administrator

Date

7/29/14

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

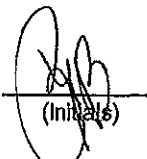
The above plan of correction is approved as of


 (Date)

Plan of correction implementation status as of


 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 13865 - 06/11/2014 - McHale, Christine
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not include who is responsible for the records.

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.

Administrator to implement a policy for procedures addressing record accessibility, security, storage and authorized use and release and who is responsible for the records.

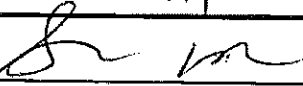
The policy was made on 7/29/14.

The administrator will have staff in-service regarding proper record storing by 8/5/14.

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)

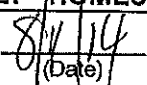
SUNDA Public Administrator

Date

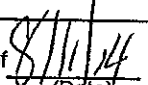
7/29/14

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

The above plan of correction is approved as of

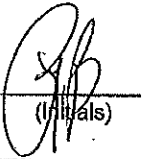

 (Date) 8/11/14

Plan of correction implementation status as of


 (Date) 8/11/14

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

The above plan of correction was approved by


 (Initials)