



JUL 23 2014

Mr. Corey I. Jones, CEO
The Village at Morrisons Cove
429 South Market Street
Martinsburg, Pennsylvania 16662

RE: The Village at Morrisons Cove
425 South Market Street
Martinsburg, Pennsylvania 16662
License #: 303890

Dear Mr. Jones:

As a result of the Department of Public Welfare's licensing inspection on June 18, 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 May 18, 2014 to May 18, 2015 was issued on February 11, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

Violation Report: 30389 - 06/18/2014 - McCloskey, Jason
 PCH Name: THE VILLAGE AT MORRISONS COVE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following food items were found in opened/ unsealed Ziploc bags in the freezer:

- 8 chicken breasts
- 2 pieces of steak
- 6 onion rings

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 food that was found unsealed was discarded immediately, by staff. - BE

In order to keep the food in production from stored foods in the freezer we will purchase plastic containers with lids so that during meals the food will be in baggies inside the plastic containers. The bags will be labeled and dated. This system will be in place by July 18, 2014 + monitored by Administrator or designee. - BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather A Rosamilia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather A. Rosamilia, Administrator</i>	Date <i>7/3/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>BE</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: 30389 - 06/18/2014 - McCloskey, Jason
 PCH Name: THE VILLAGE AT MORRISONS COVE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

A medical evaluation for Resident #1 was completed on 4/28/14. The previous evaluation was completed on 2/28/13.

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.

Audit was completed to ensure all current residents have the required annual medical evaluations.

Computer software program was started in May 2014 that enables the supervisor to complete and track the dates of the required annual medical evaluations. The system notifies the supervisor of upcoming medical evaluations that are due. The RN supervisor has completed a paper tracking procedure, as well, to monitor the due dates for annual medical evaluations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather A Rosamilha*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather A. Rosamilha Administrator</i>	Date <i>7/3/14</i>
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