



OCT 30 2014

Mr. Frank Minelli, Owner
Pittston Heavenly Manor Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License #: 218690


Dear Mr. Minelli:

As a result of the Department of Public Welfare's licensing inspection on June 23, 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 October 18, 2014 to October 18, 2015 was issued on September 19, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for Resident #1, admitted 5/12/11. The home's financial records are not accurate. Currently the home has a balance of \$694.00 and the accurate amount should be \$954.92. The amount of money available for Resident #1 is \$684.00. The home is unable to explain the difference of \$270.92.

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.

There was a math error that the administrator did, the sheets have been corrected the resident is aware and was shown the mistakes made will send the corrected sheets to DPW and the sheets with error to show where the mistake started and made the whole transaction wrong. In the future the administrator will send copy to head administrator quarterly to ensure that the math is correct and the administrator is filling out paperwork properly.

Both the Adm of the home & any other adm party working on res. finance sheets must initial their work.

Adm or Designee will review resident finance sheets quarterly to insure ongoing compliance.

Cp. 9/23/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **Michelle Burke Administrator** Date **8/12/14**

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

The above plan of correction is approved as of <u>9-23-14</u> (Date)	Plan of correction implementation status as of <u>9-23-14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION
 The home held Resident #1's personal needs allowance money from July 2012 to the present. The balance of those funds did not fall below \$200.00. The home has not offered the resident assistance in establishing an interest-bearing account.

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 administrator will have the ~~POA~~ resident sign the non-interest account sheet quarterly and will offer to provide assistance for putting in an account if interested, will offer this quarterly if the account remains to be above \$200.00.

The home will document the attempts to open an interest bearing account.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 8/12/14
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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The personnel file for direct care staff member A (hired 5/5/14) did not contain a finalized PA background check that meets the requirements of the Older Adult Protective Services. The staff member has been retained beyond the 30- day permissible time frame.

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.

Upon evaluation of full chart review unable to find the background check for this staff member another was completed and will be sent with other papers to DPW. In the future, the background checks are done and file checks will be done monthly to make sure the completed paperwork is in its appropriate spot with the check list that has been started.

Emp. A may not return to work w/o a clean criminal background check.

All future employees must have criminal background checks done according to OAPSA policy.

EP. 9/23/14

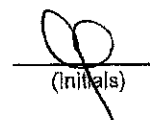
Repeat Violation: No	Date(s) of Previous Violation(s): 07/03/2013		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke administrator	Date 8/12/14
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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-23-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 The personnel file for direct care staff member A (hired 5/5/14) did not contain a finalized PA background check that meets the requirements of the Older Adult Protective Services. The staff member has been retained beyond the 30- day permissible time frame.

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 new employee will have a background check upon hire and then will check with head office until received every week, when received will continue with monthly check of files to ensure all papers are in correct spot and all necessary paperwork done and complete.

Adm/Designee will review all current employee files to insure current compliance.
CP 9/23/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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
 Staff person B Hired 4/2/2014 does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person B started working as a direct care staff person on 6/15/2014.

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

The school in which Staff member b was suppose to fax a copy of transcripts to facility, they have yet to do so there are several calls placed and this transcript will be submitted to DPW. In the future the information will be obtained at time of hire and will require a response by the next business day from the school. If not obtained then will continue to do same the day after and the staff will have to wait until the paper is received in order to be active with the facility.

Adm or Designee will ensure that all employees have the proper criminal background clearance educational qualifications prior to performing direct resident care.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 8/12/14
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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Based on the home's census of 55 residents on 6/15/2014 and 6/20/2014, the home was required to have two staff persons on duty trained in CPR and First Aid. The home did not have CPR/First Aid cards for any of the staff that worked 7am-3pm, 3pm-11pm or 11pm-7am for these two dates.

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 administrator was unable to get roster and CPR cards from main office, these will be sent over to the DPW, in the future the administrator will ask for copy from the main office at the time of training and out side facility will have them write a roster that the instructor did give appropriate courses and was passed by employee that day completed.

Only the approved instructor may sign the Roster on the training sign in sheet.

The home will obtain copies of cards or certificates for staff training from the main office and keep them on file in the home where the employee works. If the employee works in multiple homes, a copy of the cards or training sheets must be kept in each home.

Adml Designee will review current employees' files to insure compliance. Q. 9-23-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Michelle Burke Administrator** Date **8/12/14**

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The above plan of correction is approved as of 9-23-14
 (Date)

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

Plan of correction implementation status as of 10-15-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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
 Administrator C completed 8 of the 24 hours of required administrator training for the training year June 1, 2013 to May 31, 2014.

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

The administrator did not follow correct rules for regulation, will follow up on missed training and continue with current needed training and fax to DPW upon completion. In the future, administrator will complete and notify main office of completion of training sessions.

The Adm will complete 16 hours of training for year Jun, 13 - May 14 and the required 24 hours of annual training for the year Jun 14 - May 15 for a total of 40 hours of approved adm training. The 1ST 16 hours will be reviewed by the Northeast Regional office upon completion - no later than 12-31-14. *CB*

Adm will fax to the Northeast Regional office the 15 hours training documentation completed to date and notify the N.E.R.O. when all 32 hours of approved training have been successfully completed. *(D)*

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

Signature of Legal Entity Representative *Michelle Burke*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Michelle Burke Administrator 8/12/14

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 (Date)

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

Plan of correction implementation status as of 10-17-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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 member A (hired 5/5/2014) did not complete the department-approved direct care training course and competency test and began providing unsupervised ADL services on 6/15/2014.

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

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

The staff member did receive 40 hour initial training and did direct staff test needed to obtain from the main office that was not available. If the paperwork is started up there it will be the administrator's responsibility to have it sent to the house for appropriate records. in the future, when person is hired at another home and brought to work at pittston all available paperwork will be transferred to home.

Upon return to work by Employee A, the PCA Competency test must be re taken, successfully completed, and the Certificate (or a copy) placed in the employee file. Fax a copy to N.E. Regional office.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Michelle Burke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Michelle burke Administrator	
		Date	8/12/14

See next page

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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.

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

The above plan of correction is approved as of 9-23-14
 (Date)

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

Plan of correction implementation status as of 10-15-14
 (Date)

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

Adm or Designee will ensure that all direct care staff are properly trained prior to assuming personal care duties. Op. 10-17-14

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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 member D received only 9 of the required 12 hours of annual training related to their job duties in 2013 training year.

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

The staff member did not complete the required number of hours for training for the year. The administrator will make the staff aware that the training is set for certain days and that staff must attend or they will have to do a make-up class for credit. In the future the administrator will check monthly to make sure all staff completes the appropriate training needed up to that point.

The staff member must make up the missed 3 hours of training, including required topics that may have been missed.

Adm Designee will audit all current employee files to insure current compliance w/ annual training requirements.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013		
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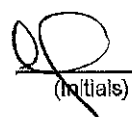
Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle Burke Administrator	8/12/14

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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff member D did not complete Resident Rights and the Older Adult Protective Services trainings for the year 20013 training year.

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

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

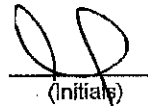
658 - The violation was the training not complete for staff member D. Staff member D will receive updated training ASAP upon return to work. The administrator will check after each inservice who did not receive training and will have follow-up training within that month. Then the administrator will make sure at the end of the month it is completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Michelle Burke Administrator** Date **8/12/14**

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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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 6-23-14, at 2:45pm, the water temperature at the sink located in room 211 measured 126.8 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.

The water exceeded the hot water temp. this was fixed the day of inspection the water temp of boiler was adjusted. Will have the night shift test water daily and report if the number is elevated above or below the normal markers. In the future, the administrator will check with shift before they leave in the morning to make sure that they had no problems and that if so it can be corrected that day.

Admin/Designee will take multiple readings from various locations throughout the home to insure hot water will not scald any resident, employee or visitor at any water outlet in the home.


*Temperatures will be recorded on the daily check list. Staff person measuring temps will initial & include location & time. Any temps that are too high will be corrected immediately or that outlet will be closed until corrected. *MB*: 9/23/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>8/12/14</i>
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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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 vent in the shower room across the hall from resident room #304 had an abundance of lint and dust clogging the vent and causing the fan to be inoperable.
 In the shower room across the hall from resident room #304, the chair between the two showers had a 12" rip diagonally across the back of the chair. The chair in the right side shower is cracked and in poor condition.

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.

At time of inspection the chair was removed and replaced with new one, the vent was fixed the following day by maintenance. In the future, the administrator will do daily rounds of facility to ensure the furniture is in good repair and the maintenance man will do rounds weekly to check to make sure equipment is working properly and in good repair and if not that it is fixed in timely manner.

Staff person making these compliance checks will use the log sheet supplied w/ this Plan of Correction. If necessary items to be measured will be added or modified.

The Check Lists are to be retained by the nurse. 9-23-14

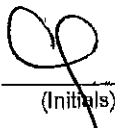
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 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 8/12/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/23/14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10-17-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 3/27/14. The date of Documentation Medical Evaluation was blank. Therefore, unable to determine when the DME was completed.

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 doctor did not fill out the form completely, in the future when forms are handed in they will be reviewed and given for completion if there is any missing areas noticed.

Adm or Designee will review all incoming med forms regardless of source and check promptly to allow time for correction or completion by the annual due date or w/in the 60 days prior / 30 days after admission. Q- 9-23-14.


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke Administrator Date *8/12/14*

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The above plan of correction is approved as of 9-23-14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-17-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #3 admitted 5-22-13, last medical evaluation was completed on 6/11/14, which is beyond the annual timeframe.

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 resident's annual evaluation was not completed because she was out of the building at rehab at riverside nursing and rehab which was documented in the previous rasp. The new medical eval was complete when the resident returned back to the facility on 6/11/14 and dr. [REDACTED] physician assistant had seen resident at return to facility and documented.

Adm/Designee will ensure that pertinent health information is documented in the resident record. Every effort will be made to obtain annual medical evals timely. Documentation of these efforts will be retained by the home.
CP. 9/23/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date <i>8/12/14</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><i>9/23/14</i></u> (Date)	Plan of correction implementation status as of <u><i>10-17-14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Numerous cigarette butts were located on the ground in the homes in the homes designated smoking area.

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

The hourly rounds that are to be done by the housekeeper and staff for making sure the smoking area is clean and free from fire hazardous material was not done properly. The staff was reprimanded for following schedule and will sign out on sheet for hourly checks.

Use of the hourly checklist will contain employee initials & time of check.

Adm / Designee will monitor both staff checklists and the designated smoking area on a daily basis. Documentation of these checks will be documented and retained for review.

Q. 9-23-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Michelle Burke Administrator</i>	<i>8/12/14</i>

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

The above plan of correction is approved as of 9-23-14
 (Date)

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

Plan of correction implementation status as of 10-17-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Advair Diskus 250/50 mcg inhaler was not dated when opened. The manufacturer directions indicate the Advair inhaler to be used within 30 days of the being opened. The home did not have documentation when the Advair inhaler was opened.

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 violation occurred because the staff did not label the disk when it was opened, the reminder in place to do so with a weekly check by administrator that all meds and inhalers, insulin are dated properly upon opening.

Adm/ Designee will perform weekly checks of the med cart(s) to insure items are current. Documentation of these checks, findings, and action taken - if any - will be retained by the home. MB. 9/23/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke administrator	Date 8/12/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/23/14
 (Date)

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

Plan of correction implementation status as of 10-17-14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident #5 did not indicate a diagnosis or purpose for carbamazepine 200mg.

The Medication Administration Record for resident #6 did not indicate a diagnosis or purpose for Aspirin 81mg and Novalog flex pen.

The Medication Administration Record for resident #7 did not indicate a diagnosis or purpose for Tiotropium Bromide 18 mcg inhaler, Albuterol Inhaler and Symbicort inhaler.

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.

See next page →

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

- (1) Resident's name.
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- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

The medication staff reminded that they need to have a diagnosis for every medication at the time the medication put in med book, reviewed where they can obtain information from, in the future the supervisor med tech will check for new meds and current that all have a diagnosis.

Adm Designee will review MARs for all residents at least once per month to insure all necessary elements are contained on the document(s).

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/03/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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

Michelle Burke Administrator

Date 8/12/14

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See next page

Violation Report: 21889 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

The above plan of correction is approved as of 9/23/14^(Date)
 The above plan of correction was approved by CP
 (Initials)

Plan of correction implementation status as of 10/7/14
 (Date)

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

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted on 3/27/14, has not been educated on the right to refuse medication if the resident believes that there may be a medication error.

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 resident has been educated since the time of inspection will send the revised paper over with the resident signature that this was complete. In the future, the administrator will make sure all resident rights are present on both sheets before having the resident sign the rights.

Admin Designee will review all admission paperwork prior to filing to insure all documents are present, signed or initialed where required, dated where required.

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


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 8/12/14
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The above plan of correction is approved as of 9-23-14
 (Date)

Plan of correction implementation status as of 9-23-14
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 65 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not indicate on their activity calendar what times the various activities will be held to allow the residents the opportunity to plan what activities they would like to attend.

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 activity did have two activities present for the day times were added to make it easier for residents to know when each is taking place. in the future, there will be times in addition to activities with each calender made.

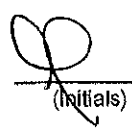
Adm/Designee will review the Activities Calendar periodically to insure ongoing compliance. of 9-23-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Burke Administrator	Date 8/12/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-03-14</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-23-14</u> (Date) <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
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Violation Report: 21869 - 06/23/2014 - Harvey, Jason
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #8 admitted on 2/29/08; resident assessment support plan dated 3-2-14 states the resident is safe to handle poisonous materials. However this resident is unable to see or read product labels.

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 resident is told objects he is handling if he does not know what they are, the resident also uses liquid soap safely in bathroom and knows what it is for and does not use it inappropriately, he knows he has can of shaving cream in his room and that it is not to be used for anything other than getting ready for us to shave him.

he is not a danger to himself or others will ask staff if things are unknown to him picking up or touching objects unfamiliar to him. He will wait for staff to assist him.

All of the above information must be recorded in the resident record. This resident requires assistance from staff regarding the products being used, when there are new staff and when resident's needs change or decline. This topic must be reviewed annually w/ his physician, more frequently if there is a change or decline in condition. MB, 9/23/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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

Michelle Burke Administrator

Date 8/12/14

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The above plan of correction is approved as of

9/23/14
 (Date)

Plan of correction implementation status as of

9/23/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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