



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 09 2014

Mr. Nathaniel D. Pace, Administrator
Morris-Pace Assisted Living Inc.
416 Reading Avenue
West Reading, Pennsylvania 19611

RE: Morris-Pace Personal Care
License #: 215900

Dear Mr. Pace:

As a result of the Department of Public Welfare's licensing inspection on July 2, 2014, August 14, 2014 and September 30, 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 September 10, 2014 to September 10, 2015 was issued on June 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

Violation Report: 21590 - 07/02/2014 - Palton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility does not have any type of system for residents to safeguard their personal belongings including money and other property.

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 attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MORRIS PACE	9/5/14

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

The above plan of correction is approved as of 9/19/14
 (Date)

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

Plan of correction implementation status as of 9-30-14
 (Date)

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

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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

Staff person A was hired 5/21/14 and a finalized PA criminal background check was obtained on 8/25/14. The staff person continued to work beyond the permissible 30-day provisional hiring period in which a finalized criminal background check must be obtained.

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.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2013
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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)	Date
Nathaniel J Pace	9/5/14

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The above plan of correction is approved as of <u>9/19/14</u> (Date)	Plan of correction implementation status as of <u>9.30.14</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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 A was hired 5/21/14. The staff person does not have a high school diploma, GED, or active registry status on the PA nurse aide list. The staff person has continued to work in a direct care capacity beyond the permissible 30-day timeframe in which the education documentation must be provided.

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

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/25/2013
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel D Pace	Date 9/5/14
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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 The home was serving 62 residents at the time of the inspection, requiring staff be available to provide at least 62 hours of direct care service within a 24 hour period of time. Based upon a review of staff schedule "A" and an interview of staff person B, who is the administrator, it was determined that on Monday 56.5 hours of direct care service was available, 46 hours were available on Friday, and 50 hours were available on Saturday.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 The home was serving 62 residents at the time of the inspection requiring staff be available to provide at least 46.5 hours of direct care service during waking hours. Based upon a review of schedule "A" and an interview of staff person B, it was determined that on Monday 42.5 hours of direct care service was available during waking hours, Friday 38 hours of direct care service was available during waking hours and Saturday 36 hours of direct care service was available during waking hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Morris-Pace Inspection 7/2/14

Pg. 2 2600(.42)

1. Residents must have a secure place for their valuables/money.
2. During inspection staff didn't know where the policy for stealing was.
3. There have been some stealing of food in our building and it was reported to DPW.
4. Our policy states that we will safeguard a residents valuables/money when requested and place in a locked room, safe, or the Med Cart, also, have them sign a receipt and place it in their chart for compliance.
5. Remind all residents about this policy. All are informed upon admittance, we will have a discussion again to remind all residents of this service.
- ⑥ Administration is responsible to prevent future violations. *M 9/19/14*

Pg. 3 (.51)

1. All staff must have a criminal background check done in order to protect our residents.
2. The Criminal background was in Staff members record, however, it was done 5 days after the 30-day requirement.
3. Staff person (A) worked here before and I thought that I had all documents needed, however, criminal background wasn't done within the 30-day period upon his return. DPW inspector discovered laps during inspection.
4. Criminal Background Check was noticed missing by Administrator while checking staff charts. CBGC was then ran and placed in staff chart.
5. A checklist for Hiring has been completed and attached to our applications. This is a tool that will help prevent another violation. Also, gives the applicant(s) a list of what they need to have to be hired in a PCH.
- ⑥ Administrator is responsible to make sure this new tool is being used when handing out applications. *M 9/19/14*

Pg. 4 (.54-a)

1. All staff must have a GED/High School Diploma/CAN Registry in order to work in a PCH.
2. Letter showing Staff member (A's) graduation wasn't in his employee file.
3. Staff member (A) had worked here before and I thought that I had all required documents, obviously something's were not present. I should have checked.
4. Staff member (A) brought in his letter showing his graduation date.
5. A check list for Hiring has been completed and attached to our applications. This is a tool that will help prevent another violation. Also, gives the applicant(s) a list of what they need to be hired in a PCH.
- ⑥ Administrator is responsible to make sure this new tool is being used when handing out applications. *M 9/19/14*

Pg. 5 & 6 (57-b & d)

1. Residents must have a hour of Direct Care per day to ensure compliance.
- S. J. P. 9/5/14*

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS PAGE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
 On 7/2/14, the inside of the toilet in the bathroom located next to room D2 was stained with dried urine and fecal matter.

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 attached —

The administrator is responsible for monitoring and ongoing compliance in 9/19/14

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Violation Report: 21590 - 07/02/2014 - Palton, Leslie
 PGH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

On 7/2/14 the inspection was suspended until further notice due to active bed bug infestation being observed while on site. Three bed bugs were observed; one was located on documents being used to conduct the inspection, one was located on the chair being utilized by an inspector, and another bug was found on an inspector's clothing. The room that was used to conduct a portion of the inspection had not been treated for bed bugs, as was also the case with the lounge located in each section of the home.

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

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Violation Report: 21690 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The fan located in bathroom F3 was inoperable at the time of inspection on 7/2/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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57/2 CONT

2. During our inspection, the inspector asked some questions about how much time the staff does NON direct care. I gave in-accurate time to inspector. The term "available hours" was used and I was confused to what that meant. After talking to each of the staff members, I have re-done the schedule and identified the direct care hours per my staff.
3. Guessing the time frame on work being done that is "non direct care" and giving that as an accurate time should not have been given to inspector. I should have asked first, then given the information to the inspector.
4. Schedule has been re-vamped and the method used to determine "direct care hours" has been noted at the bottom of the page.
5. Maintain the current schedule and ask my staff the time allotment on duties to ensure compliance. Getting accurate info benefits the resident & compliance.
6. Administrator will be responsible in maintaining and adjusting the schedule as needed to prevent future violations.

M 9/19/14

Pg. 7 (85-a)

1. Sanitary conditions must be maintained in all areas that residents use for their health & safety.
2. During inspection the inspector noticed that this bathroom had sanitary issues. Staff was not aware of this issue.
3. Bathroom wasn't checked in a timely matter by staff.
4. Clean the bathroom right away and maintain the cleanliness.
5. Staff checks during their shifts, and also cleans & re-stock needed items. Residents also let us know if there are any issues they might have found, like a stopped up or dirty toilet.
6. Direct care staff are responsible for checking these bathroom, cleaning and stocking as needed. Administrator responsible for ongoing compliance.

M 9/19/14

Pg. 8 (85-b)

1. There should be NO infestation in our PCH, this goes against the Health & Safety of the resident.
2. We have a bed bug problem and have been treating this issue.
3. Bed bugs were actively crawling around on the furniture where we were sitting.
4. Green Giant has been using a new "growth inhibitor" to prevent the bugs from growing into adulthood. Also, they are treating all sitting areas that were not being treated before. Bedrooms were done, now with the sitting areas being included, we should be getting this situation under control.
5. Continue our treatments schedule, including sitting areas, furniture, chairs, sofas, tables, etc.
6. Administrator shall be responsible for making sure that the treatments continue.

M 9/19/14

Pg. 9 (.86-b)

1. Ventilation is required for bathrooms without windows.
2. Home did not know the ventilation fan in bathroom was not operating.
3. Building checks were done, however this was missed.

M 9/19/14

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PAGE PERSONAL CARE

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

On 7/2/14 a section of saturated carpet measuring approximately 3 feet x 5 feet was located outside of the resident room located in "Wing J" with what appeared to be water leaking from the air conditioning unit located directly outside of the resident room.
 On 7/2/14 Department representatives observed a 9 foot by 5 foot area of carpet that was completely saturated with what appeared to be water leaking from the air conditioning unit directly outside of the bedroom in Wing F. The saturated carpeting presents a fall risk to the residents of the facility.

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

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 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

On 8/14/14 a Department representative observed two windows within the main hallway directly across from Wing EF were open. The window screens had golf ball sized wholes allowing penetration of insects into the facility.

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 attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/26/2013		
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Signature of Legal Entity Representative
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Nathaniel Drake	9/5/14

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie

PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

On 8/14/14, the single occupancy room located in wing J did not contain a chair.

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 attached.

The administrator shall monitor for ongoing compliance.

m
9/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Nathaniel Pace

Date

9/5/14

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 8/14/14 resident room C1 did not have a bedside lamp within reach of the bedside of resident #1.
 ON 8/14/14 resident room D2 did not have an operable bedside light.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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<i>Nathaniel Speer</i>	<i>9/5/14</i>

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866 cont.

4. Admin. contacted an electrician to replace the exhaust fan, waiting for a exact date of service, the end of September should be enough time.
5. Continue to make Building checks, different areas are checked to ensure the entire building is being monitored.
6. Admin. will be responsible for getting different staff members to make these checks so that different eyes can catch different issues the building might have.

M 9/19/14

Pg. 10 (88-a)

1. Flooring must be free from all hazards.
2. Home did not repair the faulty unit timely.
3. Air Conditioning unit is leaking, the drainage pipe is not taking the water to the drain in utility room.
4. Called the HVAC repair, he informs me that the repair will be repaired by the end of September 2014.
5. Air Conditioning unit will not be used until repair is complete. Resident can use the window air conditioner in the mean time.
6. Admin. will be monitoring the repairmen, checking on availability, will also contact the Dept when completed.

M 9/19/14

Pg. 11 (.92)

1. Screens are important to keep bugs/insects out of facility.
2. Cuts/tear in the screen and were not replaced/repared.
3. Screens were torn by hail storm, insurance company requested that we do not repair anything until finished with estimate.
4. Keep windows closed until the screens have been repaired/replaced. Spoke with residents asking they do not open any window if the screen isn't in good repair. Insurance company has ordered the screens/windows, I was given a estimated replacement date of 9/26/14.
5. When a screen is reported torn/broken, take frame to make repairs and close windows until the screen has been replaced/repared.
6. Staff will notify Admin of any/all issues in order for repairs to be completed.

M 9/19/14

Pg. 12 (101-j-2)

1. A chair must be in resident's bedroom for their use.
2. Chairs were removed without staff's knowledge.
3. The two residents that moved July 1 took the chairs that were in the bedroom with them without permission.
4. We replaced the chairs that day.
5. When we do room checks, monitor the items in the room after a resident has relocated, ensuring the all items are in place.
6. Direct Care staff shall be responsible for these checks.

The administrator shall monitor for ongoing compliance. M 9/19/14

Pg. 13 (101-j-7)

1. Lighting next to the beds prevent falls.
2. Inspector tried to turn on the lamp and it did not work.

M 9/5/14

Violation Report: 21590 - 07/02/2014 - Palton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

It was determined through interviews that residents residing in room C1 are utilizing the same bar soap located on the sink inside the bathroom.

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

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Printed Name and Title of Legal Entity Representative
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Date

9/5/14

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

On 8/14/14, the following was observed:
 The bathroom adjoining resident room J4 contained a single bath towel that was not labeled with the resident's name.
 The bathroom adjoining resident room H1 contained two bath towels that were not labeled with the residents' name.
 The bathroom located next to room A-4 did not contain paper towels.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathaniel Pace	9/5/14

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

The above plan of correction was approved by M
 (initials)

Plan of correction implementation status as of 9.30.14
 (Date)

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

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 7/2/14, the following items stored in the double-door freezer located at the entrance of the home's kitchen were kept frozen beyond the permissible 6 month timeframe:

- A hambone in a plastic container dated 11/28/13
- Scrapple in a plastic bag dated 6/28/13
- Baked ham fat in a plastic container dated 8/21/13

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.

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- Not Implemented

(1027) cont

3. The electric strip was off, I pushed the button and the lamp & air conditioner came on.
4. Check the electric strip and make sure it on, also, check the bulb to be sure its operational.
5. Direct Care staff make rooms checks, also our Daily Check list is done to be sure that all need items are present in bedrooms.
6. Direct care staff is responsible to check and bring any/all issues to Admin.

Pg. 14 (102-i)

1. The prevention of spreading germs.
2. Bar soap was in a shared bath.
3. It was reported that Residents in C-1 stated to inspector that they share the bar soap.
4. There is body wash for one resident and the other uses bar soap. I asked Resident (a) if she uses bar soap, she stated to me that she does not and she has body wash, resident (b) uses the bar soap.
5. I spoke to both residents to ensure that they are not giving out bad information, if what they are telling me is true, that they don't use each other's soap, they need to simply say that. I also reminded both that sharing bar soap is not allowed, if resident (a) wants to use bar soap, we can give her a bar for her use only. She refused the bar and requested body wash.
6. Direct care staff will be responsible during the cleaning of their room to see that there are both soaps present.

• The administrator shall monitor for ongoing compliance.

Pg. 15 (102-k)

1. It is a health risk to use the same towel, wash clothe, etc, paper towels must be present to comply with the regulations.
2. Towel racks must have names on them if in a shared room, paper towels must be present in shared bathes.
3. There were no names on the towels racks or hooks, a shared bath did not have necessary paper towels.
4. Name tags were written out and applied to each wall/rack/hook to show who uses each one, paper towels were taken up into the bath.
5. I'm sending staff today into all residents shared baths and make sure that rack/hooks all have names on them, paper towels are distributed on day shift as needed and night shift stocks all baths with essential items. Staff reads all violation reports and needed corrections to ensure compliance.
6. Direct care staff will monitor these labels, if any need replacing, staff shall notify Admin. for blank labels, also, staff will continue to replenish paper towels as needed during their shift.

Pg. 16 (103-i)

1. Outdated food cannot be served!!
2. Frozen articles of food were found in freezer outdated.
3. Frozen food cannot be stored more than 6 months from current date.
4. Frozen items were thrown out right away.

• The administrator shall monitor for ongoing compliance

M
9/19/14
NI
9/30/14

M
9/19/14

M
9/19/14

WJ
9/5/14

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS-PAGE PERSONAL CARE

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 facility's Emergency Procedures do not include staff duties and responsibilities during evacuation, transportation and at the emergency location. The procedures also do not include alternate means of meeting resident needs in the event of a utility outage.

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

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 8/14/14 a Department representative observed a large cotton pillow located directly behind the facility's commercial sized dryers. Also observed behind the dryer was a heavy accumulation of lint. The lint coated the back of the dryer, the dryer vents and the wall directly behind the dryer. These combustible materials pose a fire hazard as they were located directly behind a heat source.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Nathaniel D. Page</i>		<i>9/5/14</i>

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The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH-Name: MORRIS-PAGE PERSONAL GARE

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

On 7/2/14, the fire extinguisher located near room E3 was observed to have an expiration date of September 2013.

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

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

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 (Initials)

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Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PAGE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

Based upon an interview of staff person B on 7/2/14, who is the home's administrator, it was determined that residents of the facility begin to wake at 6:30am. It was also determined that 31 residents eat breakfast by 6:30am. The facility held drills on 4/15/14 at 6:55am and on 10/31/13 at 6:25am. The facility utilized these drills as their sleeping hours drills, however based upon the above statement the majority of residents were awake when the alarm sounded during each of these 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.

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Nathaniel D Page	9/5/14

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The above plan of correction is approved as of 10-2-14
 (Date)

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

Plan of correction Implementation status as of 10-2-14
 (Date)

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

103i cont

5. Kitchen staff/cooks, while doing their weekly cleaning of the refrigerator/freezers be more aware of the dates on frozen and non frozen items, and throw out all outdated items.
6. Dietary Dir. Shall be responsible for making sure that cook/kitchen staff adhere to this regulation.

Pg. 17 (107-b)

1. PCH must be prepared for all/any emergencies.
2. Staff couldn't find policy.
3. Policy did not have a section on utility outage.
4. Utility outage was added to the Shelter-in-place policy, ensuring that the staff will be aware of what is expected of them and how the residents shall be taken care of.
5. I'm having all Staff initial the bottom of the page of the Shelter-in-place, this will ensure that all are aware. Also, I've changed the policy in our staff Policy & Procedures manual to include addition to policy.
6. Admin. will be responsible for preventing this from reoccurring.

The administrator shall monitor for ongoing compliance.
mg 9/19/14

Pg. 18 (125-a)

1. The prevention of fires
2. A pillow was found behind the dryer.
3. Staff was folding clothes on top of the dryer, also leaving comforters/pillows after they were washed.
4. Pillow was removed and the area behind the dryers was vacuumed.
5. A sign is posted on top of both small dryers stating "Do Not place anything on top of these dryers, No folding either"!!
6. Direct care staff will be vacuuming behind the dryers weekly to ensure that nothing is left behind the dryers.

Pg. 19 (131-f)

1. Fire extinguishers are one of the MOST important tools in our facility.
2. Date on extinguisher was out of date.
3. During inspection, tag on extinguisher was out of date. All other extinguishers had good tags.
4. Pulled the extinguisher, had the company come out and replace.
5. Fire extinguishers are serviced every October, staff, during our building inspections, are going to continue to check the extinguisher tags for compliance.
6. Direct care staff during their building checks, are responsible to report any/all extinguishers that are not charged or out of date to Admin.

The administrator shall monitor for ongoing compliance.
mg 9/19/14

Pg. 20 (132-e)

1. Fire drills save lives.
2. Sleeping hours are 11p-7a, fire drill done at 6:25a is not considered sleeping hours because breakfast is served at 6:30a.
3. The time was considered too close to wake up time.
4. Change alarm times in the future.

The administrator shall monitor for ongoing compliance.
mg 9/19/14

WJ/Par
9/5/14

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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 completed for resident #2 does not include the resident's blood pressure, height, weight, pulse rate, temperature, or body positioning and movement.

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.

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 (Initials)

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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

On 7/2/14 a Department representative observed 40 cigarette butts extinguished on the sidewalk directly outside of the emergency exit door leading from Wing L. This is not a designated smoking area of the facility.

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

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person C most recently completed an Annual Practicum on 6/1/13. The staff person is not properly trained to administer medication due to completing only 3 of the 4 required MAR observations which were due to be completed by 6/1/14.

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

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Violation Report: 21590--07/02/2014--Palton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 8/14/14 a Department representative observed an oval peach pill with the markings 8/0 located in the garbage can directly next to the medication cart within the medication room. It was determined that the medication Mirtazapine 30mg is prescribed to resident #3. It was also determined through an interview with staff person D that the resident did not receive this medication the evening of 8/13/14 prior at 8:00pm. Staff person D stated that the pill must have fallen on the floor when the resident transferred the medication from the paper cup to the resident's hand prior to placing the pills in the resident's mouth. Staff of the facility did not follow proper medication administration procedures in observing the resident take the medication.

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

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132 e Cont

5. Inspector suggested that we have a drills between 12a-4a, this will keep us in compliance, Administrator agreed and will comply with this.

⑥ Admin will be responsible for maintaining good sleeping hour alarm times.

9/30/14
m

Pg. 21 (141-a-2)

1. Med. Eval's give information on whether we can meet the needs of a resident.

2. No vitals were written on Med. Eval.

3. This was an emergency placement, resident was homeless and Admin did not carefully examine all areas of the Med Eval. prior to admission.

4. I faxed the Med Eval to Dr. Bailer's office for a completed form. I was told that it will take 7-10 business days to complete. I should have it by September 22, 2014.

5. Be more careful when emergency placements are being handled. Take the time to carefully examine the Med Eval, this will help prevent future violations.

⑥ Admin is responsible for preventing future violations.

m 9/19/14

Pg. 22 (144-c-1)

1. Designated smoking areas help prevent unwanted fires.

2. Someone was smoking outside of the designated smoking areas.

3. Cigarette butts were found during our inspection, on the side of the building that is not designated for smoking.

4. Cigarette butts were cleaned up, ALSO, I spoke to all smokers in our facility during their breakfast on 8/18/14, reminding them to smoke ONLY in the front of our building, NOT anywhere else on the property. Continued smoking outside of designated areas will result in a 30 day notice.

5. Staff will be checking this area daily for compliance, if anyone is found smoking, staff will report to Admin. Overnight staff will also be checking this area to ensure compliance and getting up any debris/butts.

6. Staff will be responsible on checking these exits and reporting back to Admin. daily.

The administrator shall monitor for ongoing compliance

Pg. 23 (182-b)

1. Medication must be administered properly and the person must have the proper paper work to do so.

2. There was a gap in quarterly documentation, (Practicum)!

3. I did not document one of this employee's quarterly practicum's, however I did complete the MAR quarterly review.

4. Completed documentation on the Practicum & MAR quarterly review.

5. When completing MAR view & Practicum, review more carefully. Do not rush to complete and recheck my work.

6. Admin will be responsible for completing, checking, & rechecking required documents.

m 9/19/14

Pg. 24 (182-c)

1. All meds must be administered properly and observed, then documented as required.

2. A pill was found in the trash from the night before.

m/Jan
9/5/14

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

On 8/14/14, a Department representative observed 4 unopened boxes of Humalog Mix 75/25 Kwik Pens. The Humalog is prescribed to resident #4 who was discharged from the facility on 10/31/13.

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.

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Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/25/2013
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nathaniel Pace Date 9/5/14

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- Not Implemented

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 8/14/14 a Department representative observed an oval peach pill with the markings 6/0 located in the garbage can directly next to the medication cart within the medication room. It was determined that the medication Mirtazapine 30mg is prescribed to resident #3 it was also determined through an interview with staff person D that the resident did not receive this medication the evening prior at 8:00pm. Staff person D stated that the pill must have fallen on the floor when the resident transferred the medication from the paper cup to the resident's hand prior to placing the pills in the resident's mouth. Staff of the facility did not follow proper disposing methods of the medication after it was discovered on the 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.

See attached

Repeat Violation: Yes	Date(s) of Previous Violation(s)	08/22/2013
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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)	Date
Nathaniel D. Page	9/5/14

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

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

On 8/14/14 a Department representative observed the Medication Administration Record (MAR) for resident #5. It was determined that the MAR was not initialed to indicate these medications were administered on 8/14/14 at 8:00am: Seroquel XR 200mg, Furosemide 20mg, Glyburide 2.5mg, Magnesium 250mg, Lisinopril 10mg, Omeprazole 20 mg, Polyethylene, Metformin 1000mg, Vitamin D 1000 units, Vitamin B-12 1000mcg, Clozapine 100mg, and Divalproex 500mg.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathaniel Pace	9/5/14

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

The above plan of correction is approved as of <u>9/19/14</u> (Date)	Plan of correction implementation status as of <u>9/30/14</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

182 c (cont)

3. Resident must have dropped their medication and staff did not watch him.
4. If a pill is dropped, follow the proper procedure of pill disposal, (see attached policy) call the pharmacy for a replacement. When new pill arrives, observe resident take the med and document.
5. Admin. called a in-service to retrain Med staff of this policy.
- ⑥ Admin. is responsible for continuing the training and reminding staff to follow proper procedures.

M 9/19/14

Pg. 25 (183-d)

1. Once a resident has removed themselves from the facility, all meds must be returned immediately to pharmacy for proper disposal/pickup for discharged resident.
2. Insulin was found in lockbox of discharged resident.
3. When discharged resident relocated, insulin was in a lockbox that is not being used by facility. Facility should have checked this box and disposed of insulin.
4. Insulin was inserted in sharpie container, in the Medical Waste freezer for disposal.
5. We only use 2 lockboxes for the insulin, it will not be repeated because all other boxes have been removed from refrigerator. When Admin does Med Cart checks, I will be checking for, and getting rid of any/all un-necessary items in refrigerator.
- ⑥ Med staff & Admin. will be responsible for staying in compliance and disposing of unneeded medications.

M 9/19/14

Pg. 26 (183-f)

1. All meds must be administered properly and observed, then documented as required.
2. A pill was found in the trash from the night before.
3. Resident must have dropped their medication and staff did not watch him.
4. If a pill is dropped, follow the proper procedure of pill disposal, (see attached policy) call the pharmacy for a replacement. When new pill arrives, observe resident take the med and document.
5. Admin. called a in-service to retrain Med staff of this policy.
6. Admin. is responsible for continuing the training and reminding staff to follow proper procedures.

M 9/19/14

Pg. 27 (187-a)

1. All meds must be observed and documented once administered.
2. MAR was not initialed for Resident #5.
3. Medication was administered to resident #5 and not documented.
4. Document the medication that was administered and make sure that ALL meds are documented once administered.
5. Med staff must administer medication, observe resident take all meds, THEN document as required for compliance.
6. Med Staff are responsible for preventing future violations, ALSO, Admin will be checking MAR's on my weekly Med Cart check.

M 9/19/14

S. J. Pan
9/5/14

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8/14/14 a Department representative observed an oval peach pill with the markings 6/0 located in the garbage can directly next to the medication cart within the medication room. It was determined that the medication Mirtazapine 30mg is prescribed to resident #3. It was also determined through an interview with staff person D that the resident did not receive this medication the evening prior at 8:00pm. Staff person D stated that the pill must have fallen on the floor when the resident transferred the medication from the paper cup to the resident's hand prior to placing the pills in the resident's mouth. Staff of the facility did not follow physician's orders in administering this medication to resident #3

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 assure that the homes staff follows the direction of the prescriber.
 The administrator shall monitor for ongoing compliance. *m* 9/19/14 See attached

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nathaniel D. Pace		9/5/14

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Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PGH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person B, who is the administrator, is the home's Train-the-Trainer. Staff person B routinely administers medication and therefore must complete an Annual Practicum every 12 months. Staff person B has not completed an Annual Practicum since 8/20/12.

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 attached

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

Nathaniel D. Pace 9/5/14

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 (Date)

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

Plan of correction implementation status as of 9/30/14
 (Date)

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

Violation Report: 21590 - 07/02/2014 - Patton, Leslie
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION

The facility has a clause in all resident -home contracts that states all residents are issued a 30 day notice of discharge on the first day the resident signs the contract. The contract reads that if it is determined that the resident's needs cannot be met; the resident agrees to move out of the facility 30 days after signing the contract. The contract also states that if the resident's needs can be met, the 30 day notice is null and void. The facility is not permitted to issue a blanket 30 day notice of discharge to residents at the time of admission to the facility.

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.

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Pg. 28 (187-d)

1. All meds must be administered properly and observed, then documenter as required.
2. A pill was found in the trash from the night before.
3. Resident must have dropped his medication and staff did not watch him.
4. If a pill is dropped, follow proper procedure of pill disposal, (see attached policy) call the pharmacy for a replacement. When new pill arrives, observe resident take the Med and document.
5. Admin. called an in-service to retrain Med staff of this policy.
6. Admin is responsible for continuing the training and reminding staff to follow proper procedures.

[Signature] 9/19/14

P 29. (190-a)

1. All Med staff must have proper paperwork in order to pass medication.
2. Practicum was not present during inspection.
3. Admin. misplaced the practicum and had to request a copy from Train the Trainer.
4. Train the trainer faxed over my practicums so that I will be in compliance.
5. Make sure that my practicum is stored in the proper folder. Also, I have my Practicum for 2104.
6. Admin. is responsible for all trainings, scheduling of training, & paperwork.

[Signature] 9/19/14

Pg. 30 (228-h)

1. PCH's cannot evict a resident with out giving a notice, also, having a place that is able to meet their needs.
2. 30-day notice is signed upon admission of all new residents.
3. The 30-day notice stated, "There will not be any extensions"! This is the problem; "no extensions" says that they will be put on the street at the end of the 30 days. This is not permissible in the regulations.
4. I reworded the notice so that it states that we will find "adequate housing that meets the needs of this resident".
5. Follow the regulations by keep this document in the condition it is in. This was discussed with the Inspectors and I'm sending this for their approval.
6. Admin. is responsible for this document and ensuring that it fits the regulation.

[Signature] 9/30/14

~~Resident (A)~~
~~Resident (B)~~



[Signature] 9/5/14