



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

Mr. Lorin A. Croce, Administrator
The Village of Nanty Glo PCH Inc.
628 Pike Road
Johnstown, Pennsylvania 15909

RE: The Village of Nanty Glo P.C.H.
License #: 325690

Dear Mr. Croce:

As a result of the Department of Human Services' licensing inspection on July 2, 2014, July 10, 2014 and November 20, 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 16, 2014 to October 16, 2015 was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Residents #1 and #2, admitted 4/15/2014 and 1/10/2014 respectively, did not have a resident-home contract completed until 4/21/2014 and 1/21/2014, which is beyond the required 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.

*All contracts will be completed before Admissions's
 Administration will inspect all completed contracts before
 resident is admitted to the home. [Redacted] will be
 checked thoroughly,*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Laura A. Croce Administrator

Date *08/14/14*

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

The above plan of correction is approved as of 10/22/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home did not conduct a quality management review and evaluation for any of the required elements in 2013.

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

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

*A quality management plan is in place for 2014.
 -> Administrator now meets on the first of every month to ensure quality management plan is completed and corrected procedures are being implemented*

The administrator will ensure that the quality management review and evaluation addresses all of the required topics. Documentation will be kept.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A. Gucci Administrator</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

Staff Person A, date of hire 5/27/2014, did not have a criminal history background check completed until 6/27/2014.

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.

All Criminal background checks are now completed during the initial interview with prospective new employee. That result will be the first item in employee file. Staff to check periodically to see that this information stays in their file.

The administrator or designated staff person will monitor all new staff documentation to ensure all required criminal history checks have been completed within the required timeframe. *JE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Ron A. Croce Administrator

Date

08/14/14

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

The above plan of correction is approved as of

10/22/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION
 Staff Person B, the administrator of the home, maintains a list of staff persons that does not include telephone numbers for all of the working staff members.

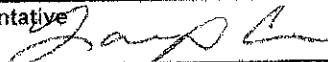
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

A current list of staff members with phone numbers has been established with the Administrator, Assistant Administrator and med-check staff all having updated copies. The list will be updated whenever a staff member is added or released from employment.

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)

Louise A Cooze Administrator

Date

08/14/14

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

The above plan of correction is approved as of

10/22/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

2a. DESCRIPTION OF VIOLATION
 Staff Person B, the home's administrator, completed only eight hours of annual training in training year 2013. The training year is based on hire date of 3/2/2010.

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 shall schedule 24 hours of annual training. Assign Administrator to keep track of all training hours by Administrator and advise of upcoming training seminars.

Staff person B, the home's administrator, will complete 24 hours of approved administrator annual training in addition to the 18 hours due for 2013 for a total of 40 hours for the 2014 training year. *DE*

Documentation of successful completion of each training course will kept in the administrator's training record and will be submitted to the Department. *DE*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Louise A Croce Administrator* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date) The above plan of correction was approved by <u><i>DE</i></u> (Initials)	Plan of correction implementation status as of <u>11/20/14</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
---	--

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person E was hired on 5/21/2014. Staff Person E did not receive orientation in any of the required training topics.

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

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

Staff Person E was a former employee who left to work for two separate personal care homes. Administration is now aware that any employee who leaves for more than one year must be retrained during their first work day. Administration will inform others so that training is done on a timely fashion.

Staff person E was terminated.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A. Coce Administrator</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of 10/22/14
 (Date)

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

Plan of correction implementation status as of 11/20/14
 (Date)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Person E, date of hire 5/21/2014, did not receive an orientation in any of the required training topics.

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.

*Administration was unaware that an employee must be re-trained on residents rights, emergency medical plans, mandatory reporting on abuse, and reporting of reportable incidents. Administration will retrain all ex-employees if their absence was for more than one year.
 Staff person E has been terminated. re*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura A. Crose* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

-Staff Person C received only five hours of annual training in training year 2013. The staff training year is based on the date of hire of 3/2/2013.
 -Staff Person D received only 4 hours of annual training in training year 2013. The training year is based on the date of hire of 9/28/2009.

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.

All staff persons will have at least 12 hours training related to their jobs. Administration has set up trainings to see that all staff persons meet the annual requirements.

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

Staff person A will complete 12 hours of annual training in addition to the 7 hours due for 2013 for a total of 19 hours for the 2014 training year. *gr*

Staff person D will complete 12 hours of annual training in addition to the 8 hours due for 2013 for a total of 20 hours for the 2014 training year. *gr*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Louis A. Croce Administrator* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2500
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home does not have a staff training plan for 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.

A staff training plan has been put into place for 2014 and implementation has started. Administration will meet the first of every month to check on progress of plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Kevin A Croce Administrator

Date *08/14/14*

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

The above plan of correction is approved as of

10/22/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 A 24 oz. spray can of "Professional Lysol Disinfectant Foam Cleaner," with a manufacturer's label indicating, "If on skin or in eyes, call Poison Control Center or doctor," was unlocked and accessible to residents at the nurses' station closest to Room 115. Residents of the home, including Residents #9 and #10, have not been assessed capable of recognizing and using poisons safely.

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


Staff has been advised that all cleaners need be kept locked and inaccessible to residents. A staff meeting was held and each employee was told of the problem. Staff is no longer allowed to give cleaners to residents but must go with resident to clean up area. Administration will inspect the home daily see

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) *Louis A. Croce* *08/14/14* *Administrator* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/23/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u></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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

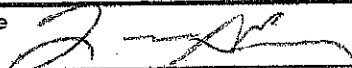
1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 7/10/2014, the bedroom and the two beds in Room 120 had a strong odor of urine. Five flies were also observed in the room.

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

Staff to check all rooms for strong odor of urine. Staff to strip beds and clean area with disinfectant. If needed staff to notify administration that rug may need scrubbed. Administration will check room for sanitary conditions daily. etc

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louisa Coore Administrator</i>	Date <i>08/14/14</i>
--	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>10/20/14</u> (Date)
The above plan of correction was approved by <u>JW</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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The home's trash dumpster has two lids. On 07/02/2014, both of the lids were open and the trash was not covered.

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

*Staff to keep dumpster lids shut.
 A note will be placed on door leading to dumpster as a reminder to keep them closed. Administration will check daily*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura A. Russo Administrator* Date *08/11/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

The drop-ceiling tiles in the Laundry Room corner above the dryer are water-damaged, sagging with dark brown stains. The tile by wall has a growth of fuzzy, dark gray matter on 1/2 of the tile, that appears to be mold.

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

Ceiling towels to be replaced when they become wet from ice buildup on roof. Staff to check for ceiling tiles for stains and advise Administration Administration to check daily.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/30/2013	08/13/2013
-----------------------	-----------------------------------	------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James P. Croce Administration* Date *08/12/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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 7/10/2014, at approximately 3:35 pm, the water temperature at the sink in the bathroom across from Room 109 measured 125.7 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 temperature has been
 adjusted to 118°F on hot water tank
 staff to check temperature periodically. (Daily)*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/13/2013
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Louis A. Coose Administrator* Date *08/14/14*

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

The above plan of correction is approved as of 10/22/14
 (Date)

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

Plan of correction implementation status as of 11/20/14
 (Date)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone in Room 115 does not have the emergency service numbers posted anywhere in the room.

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.

Telephone numbers for hospital, police, fire department, ambulance, poison control, local emergency management, personal care home complaint hotline shall be posted in Room 115 for resident's private phone. Staff to ensure kept in place when in her room.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Howard R. Coore Administrator</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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**
 Bedrooms 120 and 103, occupied by two residents in each room, do not have chairs.

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

A chair will be placed under resident's bed. Staff to make sure chairs that are removed for cleaning are replaced. Staff to ensure chairs are available to residents. Administration to check daily.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Louise N Cooco Administration* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

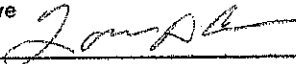
1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There is no bedside table or shelf beside the bed in Room 103 for 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.

A bedside table was added to room # 103 for Resident #3. Staff was made aware of the fact when residents move the furniture around to make sure both residents have access to the table not just one resident. Administration will check all rooms periodically.

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) Louis A Croce Administration	Date 08/14/14
---	---------------

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

The above plan of correction is approved as of 10/22/14
 (Date)

Plan of correction implementation status as of 10/20/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale PCH Name: THE VILLAGE OF NANTY GLO P C H	
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 The bed in Room 103 does not have a source of light that can be turned on/off from the bedside for Resident #3.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p><i>Staff made aware of resident's moving furniture in which our resident does not occur to a light. A light source was added to room 103 and Administration will check room on a regular basis. daily - ke</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/13/2013
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A Coce</i>	Date <i>08/14/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 32569 - 07/02/2014 - Rosenblat, Dale	
PCH Name: THE VILLAGE OF NANTY GLO P C H	
1. REGULATION 55 Pa. Code §2600 2600.103(g) - Food shall be stored in closed or sealed containers.	
2a. DESCRIPTION OF VIOLATION -On 7/10/2014, the turkey breast on the metal tray in the kitchen side-by-side refrigerator was opened and unsealed. -On 7/2/2014, a large plastic bag of pre-cooked hamburger patties was unsealed in the small freezer.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p><i>STAFF WAS ADVISED OF LEAVING FOOD UNCOVERED OR NOT SEALED IN REFRIGERATOR OR SMALL FREEZER. ADMINISTRATION WILL CONTINUE TO MONITOR THE SITUATION TO SEE IF VIOLATORS CAN BE IDENTIFIED. ADMINISTRATION WILL CHECK ALL REFRIGERATOR OR FREEZER FOR UNSEALED FOOD DAILY. JE</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/13/2013
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorin R. Crace Administrator</i>	Date <i>08/14/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
 On 7/2/2014, 6 plates on the stainless steel prep table have chips on the surface or on the edges of the plates.

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.

All dishes were inspected and damaged dishes were disposed of accordingly. Forty new plates were purchased and staff to continue to dispose of all damaged dishes. Administrators will monitor for damaged dishes daily - re

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lucas A Croce Administrator</i>	Date <i>08/14/14</i>
--	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 7/10/2014, a square/cube "i heater" portable space heater was located in the basement and a black square "i heater" was located in a separate basement Room #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.

Any AND all portable heaters were removed from the locked basement storage area. Administration to make sure no one stores any heaters of any kind in basement area.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Lawrence P. Coyle

Date *08/14/14*

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

The above plan of correction is approved as of

10/22/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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

Emergency procedure policy was placed in the Emergency Booklet maintained by home. Emergency procedure do include procedure to be implemented in case of the smoke detector or fire alarm are inoperable. Administration to check for procedure daily.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis A Croce</i>	Date <i>08/14/14</i>
--	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>11/20/14</u> (Date) <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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The exit sign over the exit door at the central corridor between the 2 wings and the directional exit sign next to the nurses' station leading to the porch exit door are covered over with card board. The central corridor has an exit at the far end. The home currently serves 38 residents.

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

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

The cardboard covering the exit sign shall be removed. Administration will not cover the sign any longer. Administration will monitor daily.

The Administrator will ensure that signs bearing the "EXIT" are placed at all exits.

JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Louis A Croce</i>			<i>08/14/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		<u><i>10/22/14</i></u> (Date)	Plan of correction implementation status as of <u><i>11/28/14</i></u> (Date)
The above plan of correction was approved by		<u><i>JE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The end of the hallway next to Room 118, does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 7/10/2014, the home served 38 residents.

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

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

A new electric sign will be placed
 At the end of inner corridor so that
 anyone exiting room 118 will be able to
 see the sign. Room 118 will now have two
 exit signs within 12 ft of room entrance.
 Staff to monitor all exit signs

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louise A Cooco Administrator</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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 #4's last medical evaluation was completed on 12/24/2013, but does not indicate the date that the resident was evaluated.
- Resident #2's last medical form was completed on 12/31/2013, but does not reflect the date that the resident was evaluated.
- Resident #10's last evaluation was dated 2/11/2013, more than a year ago.
- Resident #9's medical evaluation was completed on 7/24/2013, but does not include the date that the resident was evaluated.

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

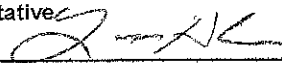
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff to make sure all residents are medical evaluated annually, Administration is to check the evaluation forms to be sure DR. and staff date (correctly) all forms. If dated incorrectly staff to bring problem to physician's office for correction. Both Administrator and Assistant Administrator will check form before filing into resident's chart

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)

Louis A Croce

Date

08/19/14

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

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

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

Plan of correction implementation status as of 11/20/14
 (Date)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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 7/2/2014, the home's designated smoking area outside of the home, located in a metal storage shed, had a half-full trash can containing flammable materials including empty cigarette packs and pieces of paper.

-On 7/2/2014, 11 yellow-filter cigarette butts were found at the end of the hallway by Room 124, outside of the home next to the steps, which is not the 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.

Staff and residents were made aware of the fact of wooden can taken from my van was not to be in shed, is smoking area. Can was removed and resident were reminded that cigarette butts were not allowed to be on ground and that smoking area is the only place you can smoke. Administrator checks daily that all smoking rules are observed.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura A. Gross Administrator* Date *08/14/14*

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>12/16/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 7/2/2014, the home's menu was not posted in a conspicuous and public place in the home.

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

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

*The home's menus were moved from
 Kitchen door to inside kitchen. Menus
 were put on bulletin board and Administrator
 will monitor daily.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorina A Croce</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date) <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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 7/10/2014, the following OTC medications were located in Medication Cart #2 and were not labeled with the resident's name:

- Major Deep Sea Premium Saline
- A bottle of Equate One Daily Women's Health multi-vitamin
- A tube of Adapt Paste

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.

All over the counter Medication were labeled for each resident. Staff were reminded to label medication when they first arrive. Administrator will monitor courtandly

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura A Croce* Date *08/14/14*

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

The above plan of correction is approved as of 10/22/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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 7/2/2014, the medication administration record of June 2014, for Resident #6, did not include a diagnosis or purpose for the following medications:

- Atorvastatin 20mg
- Latuda 80mg
- Fluvoxamine Maleate 100mg
- Levothyroxine 150mg
- Tab-A-Vite Tablet
- Atarax 25mg
- Oxymorphone HCL 10mg
- Triamcinlone 0.5% cream

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

Staff to include diagnosis or purpose of the medication on record. If they do not know the reason they are to call the pharmacy. Staff and Administration shall check daily.

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

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

Printed Name and Title of Legal Entity Representative Date *07/14/14*
 (Required on EVERY Page) *Lorin A. Crocco Administration*

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

The above plan of correction is approved as of 10/22/14
 (Date)

Plan of correction implementation status as of 11/20/14
 (Date)

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

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for Resident #5 does not include staff initials for the 7/2/2014, 5 pm and 11 pm dose of Oxycod/APAP 5-325mg tab; 1 tab every 6 hours as needed for pain. The narcotic control sheet indicates that the medication was subtracted from the count on that date at those times.

-From 7/1/2014 through 7/10/2014, Resident #5's Senokot S, 2 tabs daily, was not initialed as having been given.

-On 7/10/2014, at 12 pm, Resident #6's Hydroxyzine HCL 10mg tab; 1/2 tab 3Xday was not initialed as having been given.

-Resident #8's medications were not initialed as having been given by staff on the following dates and times:

- Atorvastatin, 6/1/2014 at 8 pm
- Fluvoxamine Maceate, 6/2, 6/6, 6/13, 6/19 and 6/22/2014 at 8 pm
- Latuda, 6/2, 6/6, 6/12, 6/13, 6/16, and 6/18/2014 at 8 pm
- Lorazepam, 6/2/204 at 8 pm, 6/3/2014 at 8 am and 2 pm, 6/13/2014 at 8 pm, 6/18 and 6/19/2014 at 2 pm
- Tab-A-Vite, 6/7/2014 at 8 am

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.

All medication are to be given as per prescribed by physician. Staff to take great care to initial and sign narcotic control sheet accordingly. Control counts to be accurate or brought to Administrator's office. The medication record and narcotic count is now reviewed daily at six am by Administrator

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Loann A Cross Administrator* Date *08/14/14*

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

The above plan of correction is approved as of 10/22/14 (Date)

Plan of correction implementation status as of 11/20/14 (Date)

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

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

2a. DESCRIPTION OF VIOLATION

Resident #7 has a prescription for Oxycod/APAP 5-325mg tab; 1 tab every 6 hours as needed for pain. The medication administration record does not indicate the time the medication was administered. The narcotic control sheet indicates the medication was administered less than 6 hours apart on the following dates:

- 7/1/2014, 8 am and 12 pm
- 7/3/2014, 11 am and 12 am
- 7/4/2014, 8 am, 12 pm, 5 pm, 12 pm
- 7/5/2014, 5 pm, 8 pm and 12 pm
- 7/6/2014, 12 pm, 5 pm
- 7/8/2014, 12 pm, 5 pm
- 7/9/2014, 6 pm, 11 pm
- 7/15/2014, 8 am, 12 pm
- 7/16/2014, 12 pm, 5 pm
- 7/18/2014, 12 pm, 5 pm
- 7/19/2014, 2 pm, 5 pm
- 7/21/2014, 8 am, 12 pm, 5 pm
- 7/22/2014, 12 pm, 5 pm

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

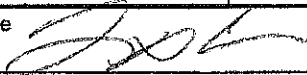
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff were reminded that no matter what the resident says or does they are not to administer the medication before the time allotted. Administrator will monitor daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Louis R. Cocco Administrator

Date *08/14/14*

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

The above plan of correction is approved as of

11/20/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

LC
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

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

On 7/2/2014, according to Resident #8's June 2014 medication administration record, Staff Persons C, E, F and G administered medications. None of the staff persons have successfully completed the Department-approved medications administration course.

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.

ALL staff persons have completed the Department-approved medication and administration course. All staff persons completed the course again on July 7, 2014. Administrators will set up yearly education to ensure medication administration compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Laura A. Cuce Administrator

Date *08/14/14*

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

The above plan of correction is approved as of

10/22/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff Persons C, E, F and G administered insulin to Resident #8 as indicated on the June 2014 medication administration record. None of the staff persons have completed the Department-approved diabetes patient education program within the past 12 months.

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

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

Staff persons were retrained on July 10, 2014. Administrator will set up retraining in Jan of every year to ensure compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura R. Swase Administrator</i>	Date <i>08/18/14</i>
--	----------------------

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

The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed an initial assessment for Resident #3, admitted 6/6/2014.

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.

*Administrators did complete assessment
 and now check assessments daily to
 ensure compliance*

Monthly, the administrator will review all new resident assessments for accuracy and timely completion. *JFC*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Norm R. Chace Administrator

Date *08/14/14*

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

The above plan of correction is approved as of

11/20/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The home has not completed an assessment for Resident #4 in 2014. The previous assessment was completed 1/4/2013.

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.

The assessment was completed on 1/4/2014 but was dated incorrectly do to the new year. A new assessment was completed and Administration to monitor Assessment daily.

Monthly, the administrator will review all annual resident assessments for accuracy and timely completion. *JSC*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LORIAN A CROSS Administrator</i>	Date <i>08/14/14</i>
---	----------------------

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

The above plan of correction is approved as of <u>11/20/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>JSC</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: 32569 - 07/02/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE OF NANTY GLO P C H

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home does not have policies and procedures for managing records.

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

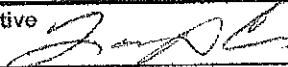
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The policy and procedure in addressing record accessibility, security, storage, authorized use and release of records has been located and put in the home manual. Administrator to check daily for location and accuracy.

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)

Louis R Croce Administrator

Date *08/14/14*

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

The above plan of correction is approved as of

10/21/14
 (Date)

Plan of correction implementation status as of

11/20/14
 (Date)

The above plan of correction was approved by

ja
 (Initials)

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