



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 05 2014

Sister Charlene Reebel, Administrator
Vincentian Home, Inc.
111 Perrymont Road
Pittsburgh, Pennsylvania 15237

RE: Vincentian Home
License #: 431530


Dear Sister Reebel:

As a result of the Department of Human Services' licensing inspection on July 8, 2014 and July 16, 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 27, 2014 to October 27, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: VINCENTIAN HOME		License Number: 43153
Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Sister Charlene Reebel		Region: WEST
Legal Entity Name: VINCENTIAN HOME INC		
Legal Entity Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/11/1997 Labor & Industry		OCT 23 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/08/2014: Garrigan, Laurie; Whitney, Diane 07/16/2014: Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 44 Secured Dementia Care Unit in Home: Yes Area: Memory Lane Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 4 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 44 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0

OCT 23 2014

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie

PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 7/8/14, the home's current licensing inspection summary, dated 3/25/14, 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.

In compliance with the Department of Public Welfare's regulation 55 Pa.Code 2600.3(c), a copy of the home's current licensing inspection summary, dated March 25, 2014, has been placed on the main bulletin board in the lobby of Vincentian Personal Care Facility during the July, 2014 survey.

(See attached photo)

Administrator will be responsible for placing document in a conspicuous and public place.

Immediately: The administrator or designated staff person will check the home weekly to ensure all required items in 2600.3C to include the home's current licensing inspection summary, are posted in a conspicuous and public place.

fm
11/19/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/18/2013		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sister Charlene Reebel PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-'14*

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

The above plan of correction is approved as of <u>11/19/14</u> (Date)	Plan of correction implementation status as of <u>11/19/14</u> (Date)
The above plan of correction was approved by <u>fr</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>fm</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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
Resident #1, admitted to the secured dementia care unit (SDCU) on 7/1/14, does not have a resident-home contract.

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.

In compliance with regulation 55 Pa.Code 2600.25 (a)(1), Resident number one's contract is completed.

Within 30 days of receipt of the plan of correction: The administrator or designated person shall review all resident records to ensure each resident has a resident-home contract completed.

EW
11/19/14

(Please see attached contract)

Administrator will make sure all written Resident-Home Contracts are signed prior to admission or within 24 hours after admission.

Within 30 days of receipt of the plan of correction: The administrator will develop and implement a tracking system for new residents to ensure all contracts are completed prior to, or within 24 hours after admission. All staff persons involved with resident admissions and contracts shall be educated on the tracking system.

EW
11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sister Charlene Rebel, PCHA

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

Sr. Charlene Rebel, PCHA

Date 10-22-'14

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The above plan of correction is approved as of 11/19/14
(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie

PCH Name: VINCENTIAN HOME

OCT 23 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

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

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 2/24/14, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

Staff person B, hired on 2/24/14, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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

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

Staff Persons A and B have submitted their High School Diploma and are in compliance with Regulation 55 Pa.Code 2600.54 (a)(2).

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all direct care staff records to ensure each staff has a high school diploma, GED diploma or active registry status on the PA nurse aide registry. In the event a staff member has not submitted (See attached copies) documentation in accordance with 2600.54a, the staff member will immediately be removed from providing direct care services to residents until the documentation is provided. Documentation of the staff audits shall be kept. Rm 11/19/14

Administrator/Director of Resident Services will continue to require new staff to present a High School Diploma, GED Diploma or active registration status on the Pa. Nurse Aide Registry.

Immediately: The administrator shall develop and implement a new hire tracking system to ensure all direct care staff meet the qualifications as specified in 2600.54a, prior to providing direct care services. The home shall maintain copies of documentation and provide to the Department upon request. Rm 11/19/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/18/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Sister Charlene Reebel PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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The above plan of correction is approved as of 11/19/14 (Date)

Plan of correction implementation status as of 11/19/14 (Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 persons A and B, hired on 2/24/14, did not receive training in smoking safety procedures and the home's smoking policy.

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 A and B have received training in Smoking Safety Procedures and the home's Smoking Policy and Procedures are in compliance with Regulation 55 Pa.Code 2600.65

(a)(4) Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all staff person training records to ensure all staff have completed the required orientation training under 2600.65a. In the event any staff person has not received this training, the training will be provided. Documentation will be kept.

Within 30 days of receipt of the plan of correction: The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive orientation training in all topics under 2600.65a prior to or during the first work day. Documentation of the training will be kept in the staff person's record.

(See attached)

RM
11/19/14

Administrator and Director of Resident Services will stress the importance of receiving this education at the interview prior to employment.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 persons A and B, hired on 2/24/14, did not have training in the following topics:

- * Emergency medical plan
- * Reporting of reportable incidents and conditions

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.

In compliance with Regulation 55 Pa.Code 2600.65 (b)(2 & 4), Staff persons A and B have received training in:

(2) * Emergency Medical Plan

(4) * Reporting of Reportable Incidents and Conditions

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all staff person training records to ensure all staff have completed the required orientation training under 2600.65b within 40 scheduled working hours. In the event any staff person has not received this training, the training will be provided. Documentation will be kept.

Within 30 days of receipt of the plan of correction: The administrator will create a tracking system for new hires to ensure that newly-hired staff persons receive orientation training in all topics under 2600.65b within 40 scheduled working hours. Documentation of the training will be kept in the staff person's record.

(See attached)

LM
11/19/14

Administrator and Director of Resident Services will monitor the completion of all required orientation topics.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sr. Charlene Reebel, PCHA</i>	Date <i>10-22-14</i>
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(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 2/24/14, provides unsupervised ADL services; however, he/she has not completed the Department-approved direct care training course and passing of the competency test.

Direct care staff person B, hired on 2/24/14, provides unsupervised ADL services; however, he/she has not completed the Department-approved direct care training course and passing of the competency test.

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 A and B have completed the department approved Direct Care Training Course and have passed the Competency Test. They are now compliant with Regulation 55 Pa.Code 2600.65 (d).

(See attached)

See page 7A of 17

Administrator and Director of Resident Services will monitor completion of Direct Care Training Course and Competency Test.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PLHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sr. Charlene Reebel, PLHA</i>	Date <i>10-22-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/19/14
(Date)

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

Plan of correction implementation status as of 11/19/14
(Date)

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

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

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired on 2/24/14, provides unsupervised ADL services; however, he/she has not completed the Department-approved direct care training course and passing of the competency test.
 Direct care staff person B, hired on 2/24/14, provides unsupervised ADL services; however, he/she has not completed the Department-approved direct care training course and passing of the competency test.

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.

Within 30 days of receipt of the plan of correction: The administrator will review all current direct care staff training records to ensure all current direct care staff persons providing unsupervised direct care services have completed the required training in accordance with regulation 2600.65d, to include successful completion and passing the Department-approved direct care training course and passing the competency test. Documentation of the trainings shall be kept in the staff records.

Immediately: The administrator will develop and implement a policy and procedure to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services. Documentation shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sister Charlene Reebel - Administrator* Date *11.10.14*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 7/16/14, resident #2 did not have an operable source of light that can be turned on/off from bedside.

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

Resident number 2 has an operable lamp that can be turned on/off from the bedside.

(See attached photo)

Director of Resident Services will conduct a spot check of Resident rooms biannually.

Within 30 days of receipt of the plan of correction: All staff persons will be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Documentation of education shall be kept.

A designated staff person will check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside.

RM
11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sister Charlene Reebel, PCHA

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

Sr. Charlene Reebel, PCHA

Date 10-22-14

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

The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

The above plan of correction was approved by

RM
(Initials)

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 7/8/14 at 10:30 AM, the temperature in the commercial refrigerator in the second floor serving kitchen measured 45 degrees Fahrenheit and at 3:45 PM it measured 42 degrees Fahrenheit.

On 7/8/14 at 10:30 AM, the temperature of the commercial freezer in the second floor serving kitchen measured 15 degrees Fahrenheit and at 3:45 PM it measured 14 degrees Fahrenheit.

On 7/8/14 in the afternoon, the temperature of the freezer in the first floor pantry off the living room measured 10 degrees Fahrenheit and the refrigerator in this area measured 48 degrees Fahrenheit.

On 7/16/14 at 1:03 PM, the temperature of the refrigerator in the second floor serving kitchen measured 48 degrees Fahrenheit and the freezer temperature in this area measured 10 degrees Fahrenheit.

On 7/16/14, review of the home's refrigerator and freezer temperature log in the second floor serving kitchen indicated temperatures as follows:

* On 7/10/14 at 7:00 AM, the temperature of the freezer measured 20 degrees Fahrenheit and at 3:00 PM it measured 12 degrees Fahrenheit.

* On 7/10/14 at 3:00 PM the temperature of the refrigerator measured 45 degrees Fahrenheit.

* On 7/11/14 at 7:00 AM and at 3:00 PM, the temperature of the freezer measured 10 degrees Fahrenheit.

* On 7/12/14 at 7:00 AM and at 3:00 PM, the temperature of the freezer measured 10 degrees Fahrenheit.

* On 7/12/14 at 7:00 AM, the temperature of the refrigerator measured 45 degrees Fahrenheit.

* On 7/13/14 at 7:00 AM, the temperature of the freezer measured 10 degrees Fahrenheit and at 3:00 PM it measured 16 degrees Fahrenheit.

* On 7/13/14 at 7:00 AM, the temperature of the refrigerator measured 45 degrees Fahrenheit and at 3:00 PM it measured 46 degrees Fahrenheit.

* On 7/14/14 at 7:00 AM and at 3:00 PM, the temperature of the freezer measured 20 degrees Fahrenheit.

* On 7/14/14 at 7:00 AM and at 3:00 PM, the temperature of the refrigerator measured 50 degrees Fahrenheit.

* On 7/15/14 at 7:00 AM and at 3:00 PM, the temperature of the freezer measured 12 degrees Fahrenheit.

* On 7/15/14 at 7:00 AM, the temperature of the refrigerator measured 48 degrees Fahrenheit.

* On 7/16/14 at 7:00 AM, the temperature of the freezer measured 15 degrees Fahrenheit and the temperature of the refrigerator measured 50 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.

See page 10 of 17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/18/2013		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCMA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCMA* Date *10-22-14*

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

The above plan of correction is approved as of 11/19/14
(Date) Plan of correction implementation status as of 11/19/14
(Date)
 Fully implemented

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie PCH Name: VINCENTIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 - 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.			
The above plan of correction was approved by <u> <i>RW</i> </u> (Initials)		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

The Dietary Manager at Vincentian Home as well as the Environmental Services Manager replaced thermometers. These are checked twice per day. *Documentation shall be kept.*

The thermometers in the Pantry and the second floor Refrigeration and Freezer have been repositioned to reflect a more accurate reading.

This important issue was addressed at our Resident Aide Meeting on October 12, 2014.

Vincentian Home Maintenance will check the Refrigerator/Freezer to insure proper service.

Administrator/Director of Resident Services will meet with Vincentian Home Dietary Manager twice annually and will meet with Environmental Services Manager at Vincentian Personal Care monthly to ensure that this regulation is met.

Immediately: All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education will be kept.

Immediately: A designated staff person will check thermometers, at least 2 times daily, in each refrigerator and freezer to ensure food items are stored at proper temperatures.

Immediately: If temperatures in refrigerators/freezers are found to be above required temperatures in accordance with 2600.103f, all food items shall be removed and placed in refrigerators/freezers that are maintained at proper temperatures in accordance with 2600.103f, until repairs/adjustments can be made and the refrigerators/freezers return to required temperatures.

RW
11/19/14

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 7/8/14, the menu posted on the first and second floor dining room entrance included dates of 7/6/14 through 7/12/14.

On 7/16/14, the menu posted on the first and second floor dining room entrance included dates of 7/13/14 through 7/19/14.

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

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

In compliance with Regulation 55 Pa.Code 2600.162(c), weekly menus have been posted one week in advance on the public bulletin board outside the Dining Room and lobby.

(See attached)

Administrator/Director of Resident Services will check periodically that two weeks of menus are posted in a public place.

Immediately: A designated staff person shall ensure that a menu is posted 1 week in advance in a conspicuous and public place in the home.

rn
11/19/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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

The above plan of correction is approved as of 11/19/14
(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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
On 7/16/14, the July 2014 medication administration record (MAR) for resident #4 does not include initials of staff administering the resident's 5:30 PM dose of Clonazepam, 0.5 mg on 7/14/14.

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

Resident number 4

The MAR does include the initials of the staff that administered the resident's 5:30 PM medication on July 14, 2014.

(See attached)

Director of Resident Services and Charge Nurse will re-emphasize and stress the importance of this issue at our monthly Clinical Staff Meetings

Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration, including documentation of medication administration at the time of administration. Documentation of education shall be kept.

EW
11/19/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

OCT 23 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed 1 capsule of AREDS twice daily for macular degeneration. On 7/15/14, the bedtime dose was not administered. It was not available 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.

Resident number 4

The family has been contacted and reminded of the importance of providing prescribed medications in a timely manner by the Charge Nurse. Grane Pharmacy now provides the medication.

(See attached)

Charge Nurse will monitor this situation.

Immediately: The home shall follow the directions of the prescriber, to include administering all medications to residents at the prescribed times.

Immediately: The administrator or designated staff person shall conduct an audit of at least 3 residents per week to ensure that the directions of the prescriber are being followed and accurately documented on the residents' medication administration records.

Within 30 days of receipt of the plan of correction: All staff persons administering medication will be reeducated on administering medication, including following the orders of the prescriber. Documentation of the education shall be kept.

rw
11/19/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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(Date)

Plan of correction implementation status as of 11/19/14
(Date)

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

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

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 7/1/14, for resident #1, admitted to the SDCU on 7/1/14, does not indicate the need for the resident to be served in a SDCU.

The medical evaluation, dated 6/26/14, for resident #3, admitted to the SDCU on 6/30/14, does not indicate the need for the resident to be served in a SDCU.

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

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

Resident number 1 (See attached documentation)

Resident number 3 (See attached documentation)

Within 30 days of receipt of the plan of correction: For residents who reside in the home's secured dementia care unit, the administrator or designated staff person shall review all resident's medical evaluations for accuracy and completion, to include documentation of the resident's diagnosis of Alzheimer's disease or other dementia, and the need for the resident to be served in a secured dementia care unit.

Director of Resident Services and Charge Nurse will monitor medical evaluation documents for accuracy and completion. *EW* 11/19/14

Within 30 days of receipt of the plan of correction: The home will develop and implement a system to ensure that all new residents admitted to the secured dementia care unit have an accurate medical evaluation completed within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia, and the need for the resident to be served in a secured dementia care unit. Documentation shall be kept.

EW 11/19/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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

The above plan of correction is approved as of 11/19/14 (Date)

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

Plan of correction implementation status as of 11/19/14 (Date)

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

OCT 23 2014

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted to the SDCU on 7/1/14, does not have a written cognitive preadmission screening.

Resident #3, admitted to the SDCU on 6/30/14, does not have a written cognitive preadmission screening.

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

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

Resident #1's cognitive preadmission screening was completed 7/10/14.
Resident #3's cognitive preadmission screening was completed 7/3/14.
Resident number 1 (See attached documentation) 11/19/14

Resident number 3 (See attached documentation)

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall review all resident records who reside at the SDCU to ensure there is a completed, written cognitive preadmission screening.

Director of Resident Services and Charge Nurse will monitor the written pre-admission screen for accuracy and completion. 11/19/14

Immediately: The administrator will develop and implement a system to ensure every resident admitted to the SDCU will have a written cognitive preadmission screening on the Department's preadmission screening form within 72 hours prior to admission to the SDCU. 11/19/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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

The above plan of correction is approved as of <u>11/19/14</u> (Date)	Plan of correction implementation status as of <u>11/19/14</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 <i>R</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 7/1/14. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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

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

Resident number 1 (See attached documentation)

Documentation that Resident #1 and the resident's designated person have not objected to the admission to the secured dementia care unit was signed on 7/1/14. Am 11/19/14

Administrator or Director of Resident Services and Charge Nurse will monitor all necessary documentation upon admission to our facility.

Immediately, the administrator shall develop and implement a system to ensure that prior to admission to the secured dementia care unit, the resident and the resident's designated person have not objected to the admission. The documentation shall be maintained in the resident's record. 11/19/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sister Charlene Reebel, PCHA

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

Sr. Charlene Reebel, PCHA

Date 10-22-14

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The above plan of correction is approved as of

11/19/14
(Date)

Plan of correction implementation status as of

11/19/14
(Date)

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

The above plan of correction was approved by

RM
(Initials)

OCT 28 2014

Violation Report: 43153 - 07/08/2014 - Garrigan, Laurie
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted to the SDCU on 7/1/14, does not have a support plan.

Resident #3, admitted to the SDCU on 6/30/14, does not have a support plan.

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

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

Resident number 1 (See attached) Resident #1's support plan was completed on 7/17/14.

Resident number 3 (See attached) Resident #3's support plan was completed on 7/17/14.

Director of Resident Services and Charge Nurse will monitor and be very attentive to the necessary documentation when a resident is admitted to Vincentian Personal Care.

Within 30 days of receipt of the plan of correction: For residents who reside in the home's secured dementia care unit, the administrator or designated staff person will review all resident records to ensure they have an accurate support plan completed within 72 hours of admission.

Within 30 days of receipt of the plan of correction: The home will develop and implement a system to ensure that all new residents admitted to the secured dementia care unit have an accurate support plan completed within 72 hours of admission. All staff members who complete the support plans shall be educated on the new system. Documentation shall be kept.

RW
11/19/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sister Charlene Reebel, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sr. Charlene Reebel, PCHA* Date *10-22-14*

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Plan of correction implementation status as of 11/19/14 (Date)

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