



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

Mr. Daniel Guill, Authorized Official
McCullough AID OPCO, LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: McCullough Place
500 Cheney Oak Drive
Johnstown, Pennsylvania 15905
License #: 330640

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on July 9, 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 July 11, 2014 to July 11, 2015 was issued on June 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 33064 - 07/09/2014 - Rouse, McKinley
 PCH Name: MCCULLOUGH PLACE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not list the diagnosis or purpose for the resident's Sertraline F/C, 25mg tablet LK: Zoloft 1 tablet by mouth every day.

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

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

*See attached
 page 2A of 2 - ee*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stacy Calderas</i>	Date <i>7/24/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-31-14
 (Date)

Plan of correction implementation status as of 7-31-14
 (Date)

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

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

McCullough Place 330640 – 07/09/2014

BE

Plan of Correction

2600-187(a)

Executive Director updated the MAR immediately with the diagnosis for Sertaline F/C, 25mg tablet LK: Zoloft 1 tablet by mouth every day.

Care Services Manager reviewed current MAR's to ensure that they included diagnosis or purpose for each medication.

Ongoing the Care Services Manager will review MAR's for accuracy as they are received. In addition our pharmacy representative will audit for any missed diagnosis, and corrections will be made prior to them being printed. Med passers will also check the MAR ongoing as meds are being dispensed to ensure accurate compliance with this regulation.