

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JACK AND CHERYL EVANS SENSANBAUGHER

LEGAL ENTITY

To operate EVANS' PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 3, 2014 until November 3, 2015  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 417370

*Robert E. Robinson*

ISSUING OFFICER

*Matthew J. [Signature]*

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 03 2014

Ms. Cheryl Sensanbaugher, Owner/Administrator  
Jack and Cheryl Evans Sensanbaugher  
P. O. Box 214  
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home  
503 Centennial Avenue  
New Galilee, Pennsylvania 16141  
License #: 417370

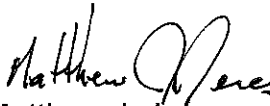
Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's licensing inspection on August 21, 2014 and October 10, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

  
Matthew J. Jones  
Director /SH

Enclosures  
License  
License Inspection Summary

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

PCH Name: EVANS PERSONAL CARE HOME		License Number: 41737						
Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141		County: Beaver						
Administrator: Cheryl Sensanbaugher		Region: WEST						
Legal Entity Name: JACK AND CHERYL EVANS SENSANBAUGHER								
Legal Entity Address: P.O. BOX 214, NEW GALILEE, PA 16141								
<b>Certificate(s) of Occupancy</b> <table border="0"> <tr> <td>C-3 SP</td> <td>C-3 SP</td> </tr> <tr> <td>09/17/1984</td> <td>02/10/1997</td> </tr> <tr> <td>L&amp;I</td> <td>L&amp;I</td> </tr> </table>			C-3 SP	C-3 SP	09/17/1984	02/10/1997	L&I	L&I
C-3 SP	C-3 SP							
09/17/1984	02/10/1997							
L&I	L&I							
<b>Staffing Hours</b> <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 8</td> <td>Waking Staff: 6</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6			
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6						
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced						
<b>Reason(s) for Inspection(s)</b> Renewal, Provisional								
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/21/2014: Miller-Linhart, Alden; Flinner-Alman, Lisa								
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>   								
<b>Other Details</b> Partial or Full Triggers: Random Indicators:								
<b>Resident Demographic Data as of Inspection Dates</b>								
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 5 Have Mental Illness: 6 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 3							

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden PCH Name: EVANS PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.	
2a. DESCRIPTION OF VIOLATION The home manages funds for resident #1. The record of financial transactions indicates the resident has balance of \$281.00. Staff person A, the administrator, indicated that the resident's funds are commingled in a bank account with the home's business funds.	
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>There was a misunderstanding - Resident is not commingled with Business Acct. It is a separate personal acct for 2 Residents who did not have Birth certificates for getting proper I.D. to open an acct. with a bank. Their names are not on the acct. But it is used for Resident. Admin. will keep balance of funds in personal zippered bag in the lock box at P.C. Home with financial record keeping. If at anytime Resident would like an interest bearing acct Admin will open as a payee for necessary transactions.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sensenbaugh</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sensenbaugh</i>	Date <i>9-20-14</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 5/8/08, was updated on on 1/1/13 for a increase in cost of room and board; however, the update was not signed by the resident or the administrator.

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 Signed New contract dated 9-20-14  
The New Face Sheet of the contract was  
Done for Rep payee Accounting for their  
Accountant.

Future Contracts will be signed & dated  
on all pages, and completed within 24 hours  
of admission.

Immediately - Any increases in room and board or other  
amendments to contracts of current residents shall  
be signed and dated by the administrator or designee,  
the resident, and payer, if different from the resident and  
the resident's designated person, if any

Dr  
10/21/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbaugh*

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

Cheryl Sensenbaugh

Date 9-20-14

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

10/21/14  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

OCT 6 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Aiden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for residents #2 and #3. However, the resident-home contracts for resident #2, dated 7/16/12, and resident #3, dated 12/3/13, do not include the home's intended use for the rent rebate revenues collected.

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 reviewed and all signatures & intended uses of rebates will be defined in contract in the future.

Enclosed is a copy of Resident 2 & 3 contract pages regarding intended use of Rent Rebate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Senasbaugh*

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

Cheryl Senasbaugh

Date

9/20/14

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

10/21/14  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

OCT 09 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhardt, Aiden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff persons B and D did not receive training in medication self-administration, safe management techniques, or care for residents with mental illness and intellectual disabilities in training year 2013.

Staff person C did not receive training in care for residents with diagnoses of dementia and cognitive impairments, infection control, and safe management techniques in training year 2013.

The home serves 6 residents diagnosed with a mental illness and 3 residents diagnosed with an intellectual disability.

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 Reviews <sup>were</sup> ~~are~~ to Be Done By Oct. 10<sup>th</sup> <sup>10/21/14</sup> ~~Nov.~~ And All Trainings WILL Be Completed. Documentation will be kept.

By 10/30/14 - The administrator will develop a staff training plan for each employee as indicated under 2600.65i, and review all staff training at least quarterly, to ensure all required training is completed by all staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaur

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaur Date: 9-20-14

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 10/21/14 (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: 41737 - 08/21/2014 - Miller-Linhart, Aiden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

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

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff persons B and D did not receive training in fire safety in training year 2013.

Staff person C did not receive training in resident rights and The Older Adult Protective Services Act during training year 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.

ALL TRAININGS <sup>were</sup> ~~will~~ BE completed By Oct. 10<sup>th</sup>  
 AND Reviewed done yely IN October. Documentation  
 will be kept. <sup>in 10/14</sup>

By 10/30/14 - The administrator will develop a 2015 staff training plan for each employee as indicated under 2600.65, and review all staff training at least quarterly, to ensure all required training is completed by all staff.

10/7/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/11/2013	09/20/2012
-----------------------	-----------------------------------	------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensabaugh Date 9-20-14

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

The above plan of correction is approved as of 10/7/14 (Date)

Plan of correction implementation status as of 10/21/14 (Date)

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

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

DEC 09 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There is no exterior lighting at the exit through the french doors from the living room or at the at the exit door from the 2nd floor bedroom.

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.

Exterior lighting was completed on Aug. 22, 2014.  
There are new lights ABOVE French Door 3 on the exterior

There are new lights ABOVE fire escape  
Steps will be taken to ensure they are in

proper working order with weekly checks by the administrator  
as for burnt bulbs on faulty working conditions.

Pictures are enclosed

By 10/30/14 - all staff will be educated on safe lighting, including monitoring all exterior lighting.

administrator  
10/1/14

10/27/14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/11/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh      Date 8-22-14

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 10/21/14 (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: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The front stairs do not have a non-skid surface. There are rubber mats placed on each step; however, they are not permanently installed and move.

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.

NON SKID TREADS were Removed Because of Remolding the front porch. Oct. 10, 2014 C.A.  
New SKID TREADS will Be Applied By Nov. 1, 2014.  
Future steps will Be taken to ensure that if TREADS are Removed they will Be Re Applied in a shorter time frame.

By 10/30/14 - The administrator will monitor the exterior of the home at least weekly, to ensure safety, including exterior stairs.

*of 10/30/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh Oct 10, 2014 C.A.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh Date Nov 1, 2014

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

The above plan of correction is approved as of 10/21/14 (Date)  
The above plan of correction was approved by [initials] (Initials)  
Plan of correction Implementation status as of 10/21/14 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

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

Residents #5 and #6 do not have a 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.

Residents 5 & 6 share a lamp that is between their night stand. Resident 5 [redacted] does not understand that [redacted] has to leave the items where I place them. I have "Tap" lights, flash lights for both residents so as to ensure they both have lights if in the future he moves the room around. Daily checks are done to keep the lamp on the bedside table but he still moves it.

By 10/30/14 - All staff will be educated on safe lighting and instructed to check bedside lighting daily, as part of their regular duties.

By 10/30/14 - The administrator will monitor the bedside lighting at least weekly, to ensure each resident has a functional source of bedside lighting. 10/17/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbaur*

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

Cheryl Sensenbaur

Date 9-20-14

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

10/21/14  
(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: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION  
On 8/21/2014 a stray kitten was present at the home. The home does not have a current certificate of rabies vaccination for the kitten.

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.

Kitten was malnourished and had been at the P.C. Home for a couple of days. It was adopted the following day, but the P.C. Home would have had proper Rabies shots if we were going to keep it.

Future animals at P.C. Home will continue to be vaccinated for Rabies and current Yorkie has proper vaccine for ~~Rabies~~ Rabies.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/11/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbagen      Date 9/20/14

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

The above plan of correction is approved as of 10/21/14 (Date)

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

Plan of correction implementation status as of 10/21/14 (Date)

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

OCT 6 5 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted on 12/3/13; however, the medical evaluation was completed on 1/10/14.

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.

Future "ME" will be done IN A more timely manner. Resident was taken to Dr. on the first opening for "New" patient appt.  
P.C. Home will explain to Dr. office that it has to be completed IN the proper time frame IN the future.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl Sensenbaur*      Date *9/20/14*

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 10/21/14  
(Date)

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

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

OCT 8 6 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

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

There was a rug and a chair with a cushion in 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.

Rug & cushion from the chair were removed from Smoking Area.

Rug had been placed over the Banister for cleaning but it has been clearly explained as to "Fire proof" items only in the Smoking Area.

Daily checks will be done to avoid recurrence

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensandauer*      Date *8/22/14*

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

The above plan of correction is approved as of 10/21/14 (Date)

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

Plan of correction implementation status as of 10/21/14 (Date)

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

OCT 06 2014

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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

2a. DESCRIPTION OF VIOLATION

Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

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

Resident has been educated & has signed form regarding education, Question & Refusal, Right to Question if they believe there is a medication error.

Resident had signed form & also signed again. Enclosed is a copy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Chief Dendrygn*

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

Cheryl Sensenbarger

Date 9-20-14

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

10/21/14  
(Date)

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

The above plan of correction was approved by

*JS*  
(Initials)

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Aiden  
PCH Name: EVANS PERSONAL CARE HOME

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 most recent assessment for resident #4 was completed on 8/1/2013.

The assessment for resident #1, dated 5/30/14, does not address the resident's diagnoses of anxiety, depression, GERD, and constipation, as indicated on the resident's medical evaluation, dated 2/27/14. The assessment also indicates that the resident can safely use and avoid poisons; however, the medical evaluation indicates that the resident cannot safely use or avoid poisons.

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 "4" RASP had been completed, it had slipped out of Residents file and was in the filing cabinet. It has been "hole" punched & is in Residents file. Copy was faxed to Insp. Shortly after Insp.

Future Reviews will be done <sup>AT LEAST QUARTERLY</sup> to ensure all items needed are in their chart, and that assessments are timely and complete. 10/21/14

Resident #1 Assessment + Med eval. are completed and ~~the~~ reviews will be done to ensure they coincide.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbrenner*

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

Cheryl Sensenbrenner

Date 9-20-14

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

10/21/14  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

001 0 5 2/112

Violation Report: 41737 - 08/21/2014 - Miller-Linhart, Alden  
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 86 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION  
The photographs in the records for resident #1, resident #4, resident #5, and resident #8 are more than two years old.

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 Residents photographs have been updated. Because most had Personal I'Do done, P.C.Home overlooked that they needed to be done every 2 yrs.

Future photo's will be done in a more timely manner with a checklist of all current photo's in Residents file, Reminding P.C.Home to do them in or near August 2016.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaurer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaurer Date 9/20/14

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

The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</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