

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PROVIDENCE PLACE OF PINE GROVE ASSOCIATES

LEGAL ENTITY

To operate PROVIDENCE PLACE OF PINE GROVE

NAME OF FACILITY OR AGENCY

Located at 24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963

(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 80  
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: 225500

*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. Cindy Petchulis, Sr. VP of Operations  
Providence Place of Pine Grove Associates  
1528 Sand Hill Road  
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pine Grove  
24 Hikes Hollow Road  
Pine Grove, Pennsylvania 17963  
License #: 225500

Dear Ms. Petchulis:

As a result of the Department of Public Welfare's licensing inspection on September 2, 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,

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

Matthew J. Jones  
Director  
SH

Enclosures  
License  
License Inspection Summary



Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 The facility's reportable incident policy does not include what the Department has determined to be a reportable incident and therefore staff would not be aware of what is required to be reported to the Department.

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 list of reportable incidents as determined by DFW has been added to our current policy and procedure manual. See attached policy.*

*All staff will be inserviced on the policy by 10-1-14. All future staff will be trained on the policy at orientation.*

*The administrator will be responsible for oversight of this policy training.*

*Adm Designee will ensure that on overnight, weekend & holidays shifts, staff have a procedure & will follow it. This will insure ongoing compliance.*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of <u>9-30-14</u> (Date)	Plan of correction implementation status as of <u>10-1-14</u> (Date)
The above plan of correction was approved by <u><i>OC</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: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 A (hired 5/7/2014) did not receive the training required to be completed on or before the first day of work.

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 member A will be re-serviced on general fire safety and emergency preparedness by Oct 10<sup>th</sup>, 2014.  
 all future employees will be trained in fire safety and emergency preparedness at orientation.  
 The administrator will be responsible for oversight of training.*

*Adm (will) review current employee files or designed to insure current compliance.*

*OP. 9-30-14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Betty Carroll*

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

*Betty Carroll*

Date *09-26-2014*

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

The above plan of correction is approved as of 9-30-14  
 (Date)

Plan of correction implementation status as of 10-10-14  
 (Date)

The above plan of correction was approved by

*OP*  
 (Initials)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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 A did not receive the required training to be completed within the first 40 working hours.

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 A will be reinserviced on the required subjects in 2600.65 (b) by 10-10-14.*  
*All new hires will be trained on 2600.65 (b) at orientation at time of hire.*  
*The administrator will be responsible for oversight of training.*  
*Adm/ Designee will review employee files to insure current compliance.*  
*CP 9-30-14*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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The above plan of correction is approved as of 9-30-14  
 (Date)

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

Plan of correction implementation status as of 10-10-14  
 (Date)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION  
 Ancillary staff person B, who began work on 5/27/2014, did not receive a general orientation to their specific job functions.

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 checklist has been developed for ancillary staff orientation to their duties in their department. All new hires will be trained and a check list signed on the specific duties of their job.

Ancillary person B will complete the check list by Oct 10, 2014.

The administrator will be responsible for oversight of training.

See attached check list

Adm) Designer will review employee files to insure current compliance.

Q. 9-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14 (Date)

Plan of correction implementation status as of 10-10-14 (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: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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  
 Department Representatives determined that the laundry room on the second floor next to room 216 has a telephone with which an outside line can be reached; however the Emergency numbers are not posted.

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 telephones with an outside line have had a tag attached to them with emergency numbers listed on them. The housekeeping supervisor will be responsible to check phones during weekly deep cleaning to make sure the tag is still there. She will replace any missing tags at that time.  
 Adm Designee will conduct periodic walk throughs of the building to insure ongoing compliance. CP 9-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14  
 (Date)

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

Plan of correction implementation status as of 10-10-14  
 (Date)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's walk in freezer. Located in the freezer were the following items: a box of hot dogs, open and not sealed; a Pork Loin loosely wrapped in Tin Foil exposing pieces of the meat; and 3 bags of bananas not sealed and or dated.

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 items stored in the freezer will be sealed and dated. The area was examined for other items out of compliance and if any were found they were discarded. Those items found were immediately discarded during survey.

The dietary supervisor will be responsible to check weekly and discard any outdated food.

The dietary supervisor will be responsible to see all staff is trained on this issue by Oct 10, 2014

Adm/Designer will conduct periodic reviews of freezer/pantry items to insure ongoing compliance. C.P. 9-30-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/11/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll* Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14  
 (Date)

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

Plan of correction implementation status as of 10-10-14  
 (Date)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Za. DESCRIPTION OF VIOLATION  
 On 9/2/14 Department Representatives observed the laundry room adjacent from room 107. The lint traps located within the wall behind the clothing dryers were caked with several inches of lint.

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 lint was removed from the lint traps. The housekeeping staff will clean the lint traps daily and as needed.  
 The housekeeping supervisor will be responsible for the oversight of this cleaning.  
 Adm or Designee will conduct periodic reviews of the vent's internal external condition to insure ongoing compliance.  
 CQ, 9-30-14

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14  
 (Date)

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

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

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for the drill conducted on 6/26/2014 indicated 41 residents are in the home at time the alarm sounds and 41 residents evacuated. A notation on the fire drill record indicates one resident was absent from the building. The home is not documenting the correct number of residents in the home during a fire drill.

The fire drill record for the drill conducted on 7/29/2014 indicated 38 residents are in the home at time the alarm sounds and 36 residents evacuated. A notation on the fire drill record indicates two resident was absent from the building. The home is not documenting the correct number of residents in the home during a fire drill.

**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 fire drill record will reflect the number of residents in the building at the time of the drill. The maintenance man will be responsible for record keeping of fire drills. He has been instructed on the requirements of the form. The Adm/ Designee will review the home's fire drill log monthly to insure ongoing compliance. *OP* 9-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14 (Date)  
 new 132c cited based on verification document, discussed POC for new v.  
 The above plan of correction was approved by *OP* (Initials)

Plan of correction implementation status as of 10/23/14 (Date)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the west side, east side and main lobby exits during April 2014 - August 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.

Fire drill exits route will be alternated on a monthly basis in all fire drills held in the future. The maintenance man will be responsible to direct exits during the drill. He has been insured on exit routes.

Adm/ Designee will review the home's fire drill log monthly to insure ongoing compliance. CP, 9-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-28-2014*

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

The above plan of correction is approved as of 9-30-14 (Date)

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

Plan of correction implementation status as of 10-22-14 (Date)

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

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  
 The menus posted on the bulletin board outside the dining room did not contain the current week and the following week's menus.

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 menus have been posted for the current week and the following week.

The dietary supervisor will be responsible for oversight to see this occurs ongoing.

Adm / Director will perform periodic reviews of posted menus to insure ongoing compliance. *Q. 9-30-14*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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

The above plan of correction is approved as of 9-30-14  
 (Date)

Plan of correction implementation status as of 9-30-14  
 (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: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted to the facility on 6/9/14. The preadmission screening completed for resident #1 was completed on 6/11/14 after the residents admission to the facility.

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

All preadmission screenings will be done within 30 days prior to admission to the facility.  
 The administrator and her designee will be responsible auditing and assessing compliance.  
 The Senior Living Coordinator and the Director of Wellness have been interviewed on this requirement.  
 An Designee will audit current residents' records to insure current compliance. CP. 9-30-14

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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The above plan of correction is approved as of 9-30-14  
 (Date)

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

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

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 has become increasingly agitated with staff, on one occasion gabbling and bruising a staff members arm. The facility failed to update the resident's assessment and support plan to include the residents change in care needs and how the facility plans on meeting these needs.

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 changes in condition or care will be updated in the residents support plan.*  
*The Director of Wellness will be responsible to keep the support plans up to date and has been instructed on the requirements*  
*The administrator will be responsible for oversight of compliance*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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The above plan of correction is approved as of 9-30-14  
 (Date)

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

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

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

Violation Report: 22550 - 09/02/2014 - Harvey, Jason  
 PCH Name: PROVIDENCE PLACE OF PINE GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.252. - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The resident records for resident #1, 2, 3 and 4 do not include and identifying marks for the 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.

All current resident files will be updated to include identifying marks.  
 All future residents admission record will include identifying marks.  
 The administrator or her designee will be responsible for auditing compliance  
 This information will be recorded on the the residents photograph  
 If a resident does not have any identifying marks, the home will record "None" in the resident record, indicating this element was reviewed and documented.  
 Q. 9-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Carroll*      Date *09-25-2014*

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The above plan of correction is approved as of 9-30-14 (Date)  
 The above plan of correction was approved by *[Signature]* (Initials)

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

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