



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 07 2014

Mr. George Knox, Owner/Administrator
Trinity Oaks, Inc.
117 Shady Rest Road
Ellwood City, Pennsylvania 16117

RE: Trinity Oaks II
License #: 458570


Dear Mr. Knox:

As a result of the Department of Public Welfare's licensing inspection on September 12, 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 November 26, 2014 to November 26, 2015 was issued on August 12, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

OCT 24 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Pursuant to Act 56 of 2007 and 62 P.S. 1057.3(i), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa Code chapter 2800 (relating to assisted living residences). The home's website, www.trinityoakscare.com, describes the home as "assisted living".

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 sheet)

See page JA of 13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/12/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date

10/8/14

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

The above plan of correction is approved as of

10-29-14
(Date)

Plan of correction implementation status as of

10-29-14
(Date)

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

The above plan of correction was approved by

GKP
(Initials)

Violation 2600 - 18

- ① Ensures compliance with other applicable health safety and wellness requirements
 - ② Trinity Oaks was listed as assisted living center instead of personal care home -
 - ③ Administrator changed web page developer -
 - ④ Assisted living removed from advertisement on computer
-
- ⑤ Change is permanent on web page.
 - ⑥ Admin made change to be permanent.

Steve Kemp 10/8/14
Joe Perry 10/22/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, the assistant administrator, hired 12/2013, did not have a background check completed until 9/12/14.

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.

See attached sheet

See page 3A of B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date

10/8/14

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

The above plan of correction is approved as of

10-29-14
(Date)

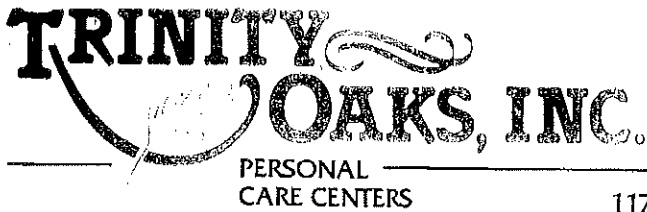
Plan of correction implementation status as of

10-29-14
(Date)

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

The above plan of correction was approved by

JKP
(Initials)



Come On Home

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Violation 2600.51

① Insures that administrator and employees with prohibited offenses do not work in personal care homes.

② Assistant Administrator did not have a Criminal check since ~~hire~~ hire date 12/20/13

③ Carelessness in paperwork by administrator caused this mistake

④ All employees will be given Criminal History check immediately at time of employment when applications for hire is written

Background Check done on 9/12/14. on staff person A.

⑤ Administrator will recheck all employees records with special attention to Background checks-

George Kemp 10/8/14
Jesse Payne 10/29/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

- Staff person B, hired 12/23/13, has not completed the Department-approved direct care online competency course. Staff person B began performing unsupervised ADLs on approximately 1/8/14.
- Staff person C, hired 7/29/14, has not completed the Department-approved direct care online competency course. Staff person C began performing unsupervised ADLs on approximately 8/12/14.
- Staff person D, hired 6/8/14, has not completed the Department-approved direct care online competency course. Staff person D began performing unsupervised ADLs on approximately 6/20/14.

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. See page 4A of 13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>George Knox</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
George Knox Admin	10/8/14

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

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

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

Plan of correction implementation status as of _____
(Date)

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



PERSONAL CARE CENTERS

Come On Home

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Violation 2600.65(d)

① Regulation insures that each individual who provides assistance with ADL's is trained properly and qualified to care for residents

② Employee B-C-D - did not complete the competency test before they started unsupervised care for the residents

③ Administrator did not review charts and test was missed by all 3 employees

④ Employees B-C-D were all tested - all have passed

⑤ Test will be given within one week of hire. The floor supervisor on Am Shift will now be responsible to provide Computer Test

Within 30 days of receipt of the approved 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. 10/27/14 Immediately, the administrator will review all newly hired direct care staff training records to ensure all new direct care staff persons have completed the required training in accordance with 2600.65d prior to providing unsupervised direct care services and documentation of training is maintained in the staff records. JHP 10/29/14

George King 10/8/14
Joe Pizzano 10/29/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

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

- The external lighting outside of the emergency exit door leading out from the main living room only activates when the home's power goes out.
- The external light fixture outside of the front entrance by the office has a burned out bulb. The only other source of lighting by this door activates only when the home's power goes out.

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 sheet. See page 5 of 13

Within 30 days of receipt of the approved plan of correction, all staff persons will be educated on the proper lighting throughout the home so residents can move safely through the home and evacuate. Documentation is to be kept. JPP 10-29-14

Immediately: The administrator will check the home at least 1x a month to ensure proper lighting to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. JPP 10-29-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>George Knox Adm</i>	Date <i>10/8/14</i>
--	---------------------

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

The above plan of correction is approved as of 10-29-14
(Date)

Plan of correction implementation status as of 10-29-14
(Date)

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

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



PERSONAL
CARE CENTERS

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Violation 2600.87

- ① It is important that employees as well as residents be able to see clearly in walkways and evacuation routes in case of emergency to evacuate safely and quickly.
- ② The bulb was burnt out in the front entrance walkway by the office at Trinity Oaks - No light back of building
- ③ Bulb had recently burnt out and was not noticed by maintenance dept.
- ④ The bulb is now changed by maintenance dept.
- ⑤ Maintenance dept. will check all outside fixtures daily and report to assistant adm.
- ⑥ Maintenance dept will be responsible for preventing any violations in the future.
- ⑦ New light placed on side of building - dusk to dawn. Pictures attached.

Suzanne 10/8/14
Joe Peggino 10/29/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(c) - There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

2a. DESCRIPTION OF VIOLATION

On 9/12/14, the home had a total of 27 residents and 2 operable showers. The ratio of 1 bathtub or shower to every ten or fewer users would require at least 3 bathtubs or showers.

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 sheets. See page 10 of 13

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GEORGE KNOX Admin.* Date *10/8/14*

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

The above plan of correction is approved as of 10-29-14
(Date)

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

Plan of correction implementation status as of 10-29-14
(Date)

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

Violation 2600.102(c)

- ① Residents must have sufficient bathing facilities so that they can freely engage in bathing activities without waiting
- ② Only two showers were usable at time of inspection
- ③ Shower hose was not present in the shower - rendering the shower useless -
- ④ Hose has now been applied - curtain placed for privacy and slip pad placed on floor
- ⑤ Maintenance department to check showers daily to ensure they are in good repair
- ⑥ Maintenance department responsible for any future problems - they will report to assistant Administrator any supplies needed and he will furnish them

George Kemp 10/8/14
 Joe Higgins 10/29/14

OCT 24 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was a large bag of frozen hamburger patties in the upright white freezer in the small room across from the kitchen that was opened and not sealed.

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 7A of 13

See attached sheets

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *George Knox Admin* Date *10/8/14*

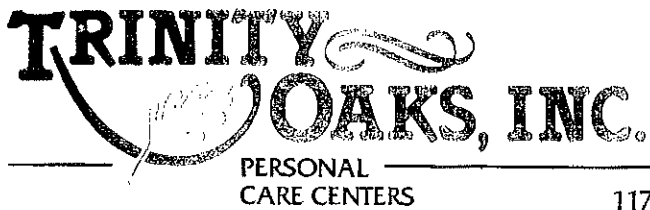
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-29-14
(Date)

Plan of correction implementation status as of 10-29-14
(Date)

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

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



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Violation 2600.103(g)

① Ensure that food stored safely and protected from spoilage or infestation by insects and rodents

② There should never be any food products unsealed in freezer or refrigerator

③ Carelessness of food server caused incident

④ food product removed from freezer and placed in sealed plastic containers (food product discarded as it was not dated) JOP 10-31-14

⑤ food service personnel will be given a inservice by administrator about proper handling of all refrigerated and freezer food - also how to safely pack any leftovers - given by administrator 9-13-14.

⑥ Assistant administrator will check refrigerators and freezers every other day - and inform cooks about any improprieties

George Kemp 10/8/14
Joe Pizzino 10/27/14

RECEIVED

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

OCT 14 2014

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a large bag of frozen hamburger patties in the upright white freezer in the small room across from the kitchen that was not 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.

See attached sheet

see page 8A of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin.

Date

10/8/14

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

The above plan of correction is approved as of 10-29-14
(Date)

Plan of correction implementation status as of 10-29-14
(Date)

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

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

Violation 2600.103(i)

- ① food dates are necessary to prevent out of date food or spoiled food to be served to the residents - free from contamination while being stored - prepared and transported
- ② hamburger found undated in freezer
- ③ Kitchen personnel did not date Bag - but still placed contents in freezer -
- ④ food content was thrown away because date was not on Bag - therefore you can not guess date - dispose of contents for safety of residents
- ⑤ Kitchen personnel were informed again about dating all food - By administrator
- ⑥ Assistant admin. will check daily the freezers and refrigerators to check that cook has followed procedure -
- ⑦ Freezers + Refrigerator signage "DATE ALL FOOD" AND NAME PERSON TO WHOM IT BELONGS

Steve Kump 10/28/14
 Joe Bergman 10/29/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 9/12/14, the home had 27 residents. The home does not have any emergency water stored on site. The home has a contract for emergency water delivery, however, this letter does not indicate how soon the water will be delivered and does not indicate that delivery will be a priority in the event of a regional general emergency.

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 attached sheet -

See page 9A of 13

Immediately: The home will maintain a 1 day supply of drinking water for residents to ensure that in the event of an emergency, residents will have drinking water available until a supply of water can be delivered. JJP 10/29/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox - Adm.* Date *10/8/14*

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

The above plan of correction is approved as of 10-29-14 (Date)

Plan of correction implementation status as of 10-29-14 (Date)

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

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

Violation # 2600.107(c)

- ① Residents need at least one half gallon of water per day just for drinking. As people get older and physical condition changes they may need more. Adequate supplies are needed for temperature variation changes and a persons physical need.
- ② Water service company did not state how long it would take to receive the water and if we would be a priority in case of an emergency.
- ③ Water company and facility were negligent in identifying a length of time to get the water and if facility would be priority
- ④ Water company called by administrator - They will submit a letter assuring time and priority.
- ⑤ Update contract every year by administrator and water company - have main issues like wait time and priority addressed.
- ⑥ Administrator only will be responsible to have direct contact with water company - yearly -
- ⑦ Should be completed by Oct. 30 - 2014

Jess Payne 10/29/14
 Just Camp 10/8/14

RECEIVED

OCT 30 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.130(i) - In homes housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

2a. DESCRIPTION OF VIOLATION
On 9/12/14, the home serves 6 residents with mobility needs. The home's fire alarm system is not connected to the local fire department or a 24-hour monitoring service approved by the local fire 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.
See. page 10A of 13
See attached sheet.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *George Knox Admin* Date *10/8/14*

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

The above plan of correction is approved as of 10-29-14
(Date)
The above plan of correction was approved by [Signature]
(Initials)
Plan of correction implementation status as of 10-29-14
(Date)
 Fully Implemented *JKP*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented



PERSONAL
CARE CENTERS

Come On Home

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Violation # 2600.130(i)

- ① Any resident with mobility needs requires more assistance from staff to evacuate in case of an emergency. A alarm system that contacts emergency responders expedites the arrival of all fire-fighters and emergency personnel to help evacuate the residents.
- ② Facility does not connect into any monitoring service approved by the local fire dept.
- ③ Fire alarm system has never been connected to a monitoring system which notified fire dept.
- ④ Fire alarm system will be monitored by Guardian Protection Services which will completed by Oct 31-2014.
- ⑤ Once the system is implemented it will be a permanent system
- ⑥ Guardian Protection Systems and Administrator will both be responsible for quarterly testing and recording any problems

George Kemp 10/5/14
Joe Ferguson 10/29/14

OCT 3 4 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's fire safety expert on 5/22/13 and 5/16/14 designated a safe evacuation time of 2 minutes and 30 seconds. The home has exceeded this time for the following drills:

Date of drill	Evacuation time
11/15/13	2 minutes and 45 seconds
12/14/13	2 minutes and 35 seconds
4/11/14	2 minutes and 35 seconds
6/10/14	2 minutes and 33 seconds

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 11A of 13

See attached sheet.

Immediately: The administrator will complete the following steps to reduce the safe evacuation to a time less than 2 minutes 30 seconds, if the home is unable to obtain a safe evacuation time specified in writing by a fire safety expert within the past year:

- Provide resident and staff education on evacuation policies and procedures.
- Conduct additional fire drills
- Relocate residents who require special assistance with evacuation closer to exits a fire-safe area.
- Add additional staff to meet the 2 minute 30 second evacuation time specified in writing by a fire safety expert at least annually. (FAD 10 09-14)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GEORGE KNOX Admin** Date *10/8/14*

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

The above plan of correction is approved as of 10 09-14 (Date)

Plan of correction implementation status as of 10 09-14 (Date)

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

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

Violation # 2600. 132 D

- ① Evacuation within the maximum time prevents fire related deaths and injury.
- ② Time needed for evacuation speeds the fire safety experts calculation
- ③ Have six immobiles required more time to evacuate residents by the staff
- ④ Fire safety expert will revisit facility and re-evaluate his findings within thirty days
- ⑤ Administrator needs to re-evaluate the admission of non-mobile residents - Drills need to be completed within the specific time - Re-evaluation of non-immobile residents location in building -
- ⑥ Administrator and fire safety expert are responsible to correlate plan for evacuation within reasonable time

George King 10/8/14
Joe Peggins 10/29/14

RECEIVED

OCT 14 2014

Violation Report: 46867 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

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

WEST REGION FIELD OFFICE:
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The front doors of the home have been the only exit route used for the last 12 fire drills.

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 12A of 13

See attached sheet.

Within 30 days of receipt of the approved plan of correction, all staff persons will be educated on all emergency exits of the home and using alternate exits during fire drills. Documentation will be kept. JJP 10-29-14

Immediately, the administrator will monitor fire drills and the fire drill record monthly to ensure alternate exits are used during fire drills. JJP 10-29-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date 10/8/14

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

The above plan of correction is approved as of 10-29-14
(Date)

Plan of correction implementation status as of 10-29-14
(Date)

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

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



PERSONAL
CARE CENTERS

Come On Home

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Violation # 2600.132 (f)

- ① Varying the location of the fire and exit routes used insures that staff and residents are prepared to respond to different fire scenarios.
- ② Same exit was used twelve times during an unannounced fire drill -
- ③ Person conducting fire drill did not rotate exits during fire drill -

- ④ The person conducting the drill will rotate exit sites - ~~the~~ will review fire drill record and choose opposite locations
- ⑤ Administrator will work with fire drill instructor to check that areas are rotated

George Kemp 10/8/14
Tina Perzino 10/29/14

OCT 14 2014

Violation Report: 45857 - 09/12/2014 - Williams, Jason
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The sleeping hour fire drills conducted on 4/11/14 and 10/17/13, both at 6:30 AM, had 3 staff persons participating. The staff schedule indicates that there are only 2 staff persons regularly scheduled on the 10:00 PM - 6:00 AM shift.

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 pages 13A of 13

See attached sheet

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) George Knox Admin Date 10/8/14

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

The above plan of correction is approved as of 10-29-14
(Date)

Plan of correction implementation status as of 10-29-14
(Date)

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

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

Violation 2600.132(g)

- ① There must be adequate staff at all times to evacuate the building - home will not practice drills with extra help that will not be available at all times - If extra help is used that will not be available at all times it puts the lives of the residents in jeopardy thru poor planning
- ② Daylight ~~helped~~ helped during fire drill
- ③ When any employee is in building they felt participation was required even for a drill
- ④ Person conducting drill will instruct daylight shift not to participate in drill - Just two 11-7 ~~helped~~
- ⑤ As part of the next Fire Safety meeting the Admin shall explain procedures to all shifts
- ⑥ Admin will be responsible along with person conducting drill

Suzel Kemp 10/8/14
 Joe Higgins 10/29/14