



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Michelle Grimm, Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home, Inc.  
License #: 413830

Dear Ms. Grimm:

As a result of the Department of Human Services' licensing inspection on October 27, 2014, November 4, 2014 and February 11, 2015 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 March 1, 2015 to March 1, 2016 was issued on January 26, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director *(SH)*

Enclosure  
License Inspection Summary

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

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: Michelle Grimm		Region: WEST
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		<b>RECEIVED</b>
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		JAN 15 2015
<b>Certificate(s) of Occupancy</b> C-2 LP 10/10/2000 Dept. Labor and Industry		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/27/2014: Cutter, Jan; Georgoullis, Karen 11/04/2014: Cutter, Jan		
<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: 28 Number of Residents Served: 19 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: 10 Number of Hospice Residents in past year: 13	<b>Number of Residents who:</b> Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The current violation report, dated 10/25/2013, and a copy of 55 Pa. Code Chapter 2600 were not posted in a conspicuous and public place in the home.

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

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

Horizon will post the current violation report in  
Code Chapter 2600 in the dining area. Daily records  
will be done by [redacted] to ensure compliance.  
Pop picture post in Bulletin Board effective 12-1-14

Immediately - The licensing inspection summary, dated 10/27/14 and a copy of 55 Pa. Code Chapter 2600 shall be posted in a conspicuous public plane in the home.

Immediately -The administrator or designated staff person will monitor the home at least daily to ensure all required documentation including the current licensing inspection summary and a copy of 55 Pa. Code Chapter 2600 are posted in a conspicuous and public place in the personal care home. Documentation of monitoring shall be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/25/2013

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Gorman*      Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

RECEIVED

JAN 14 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home did not submit an incident report to the Department when they experienced a boil water alert due to a water outage during the last three days of September.

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.

Horizon Pch will submit a detailed report of a boil water alert that happens again. Staff will be trained to fill out incident reports. signature 12-15-14.

Immediately - The home will complete an incident report identifying the September 2014 water outage/boil water alert and submit the report to the Department.

Immediately - The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Within 30 days of receipt of the plan of correction, the administrator will develop and implement a policy and procedures to ensure any reportable incidents and conditions are reported in accordance with regulation 2600.16c.

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Grammi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grammi* Date *12-1-14*

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JAN 14 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/27/2014, at approximately 9:45 AM, there were Diamond pharmacy sheets listing the names and medications for 15 residents, laying on the counter in the kitchen.

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.

Horizon PCH will not have resident records out in kitchen area - Records will be kept in their files located in back office. Effective 12-1-14. Employees informed.

Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records are kept secure and confidential. *SMP*

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location. Documentation of education shall be kept. *SMP*

Within 30 days of receipt of the plan of correction, the administrator will monitor the home at least weekly to ensure all resident records are kept secure and confidential. Documentation of monitoring shall be kept. *SMP*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/25/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Gorman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gorman*      Date *12-1-14*

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Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 26 2015

1. REGULATION 55 Pa.Code §2600

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's chair glide certificate expired January 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.

Department of Labor & Industry has been notified that we need a inspection done - They will be doing a inspection at Home earliest possible. - Copy of inspection attached. Permit has been ordered from Accessible Home Automations waiting for the install to (W I for Homeport. Will be completed by 3-1-15. [Redacted] will schedule annual inspection in July to ensure compliance.

The home's chair glide was inspected and a certificate of operation was issued on 2/10/15.

The administrator will schedule the inspection of the chair glide in July 2015 to ensure the inspection is completed prior to the expiration of the existing chair glide certificate.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G...*      Date *12-1-14*

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(Date)

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(Initials)

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 14 2015

1. REGULATION 55 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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 7/14/2014, was not signed by the resident. There was no indication of refusal or inability to sign.

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 will sign contract upon admission to room effective 12-1-14. Copy provided [redacted] Adam will review contracts for compliance

Resident #1 signed the resident-home contract on 10/27/14. *CS*

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident records to ensure all required signatures have been obtained for resident-home contracts. *SR*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm* Date *12-1-14*

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The above plan of correction was approved by <u><i>SGP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SGP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 16 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review, dated 2/1/2014, did not address reportable incident and condition reporting procedures; complaint procedures and staff person training.

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.

Quality management review will include reportable incidents and condition reporting procedures, complaint procedures and staff person training. This will be done in my next review in February 2015. [Redacted] will be responsible for completion.

A quality management review to include reportable incident and condition reporting procedures, complaint procedures and staff person training was conducted on 2/27/15.

The administrator will conduct a quality management review at least annually which includes all of the required topics, to include reportable incident and condition reporting procedures, complaint procedures and staff person training. Documentation of the review shall be kept.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimal* Date *12-1-14*

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(Date)

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(Date)

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

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

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JAN 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There were no locks on the following common bathroom doors:

- \* Second floor common bathroom.
- \* First floor bathroom/shower room by bedroom #2.
- \* First floor connecting bathroom between bedrooms #3 and #4.
- \* First floor common bathroom with shower next to bedroom #6.
- \* First floor connecting bathroom between bedrooms #7 and #8.
- \* First floor common bathroom across from bedroom #10.

There is an audio monitoring device in resident # 2's and resident #3's bedroom. The receivers for these devices are in the kitchen. The use of audio monitoring devices is prohibited.

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.

*Locks have been placed on all bathrooms effective 12-1-15  
picture provided -*

Immediately - The administrator or designated staff person will monitor all common bathrooms at least weekly to ensure locks are present and privacy is provided. *SW*

Within 30 days of receipt of the plan of correction, all staff persons will be reeducated on resident rights; to include privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. *SW*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*      Date *12-1-14*

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(Date)

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(Date)

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

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

JAN 12 2015

WEST REGIONAL OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

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

Direct care staff persons A and B did not receive the following annual training in 2013:

- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- \* Care for residents with dementia and other cognitive impairments.
- \* Personal care service needs of the resident.
- \* Safe management techniques.

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.

Direct Care Staff A & B will be trained on the above areas effective 12-15-14.

Staff persons A and B received training on the topics cited above on 1/15/15.

Within 30 days of receipt of the plan of correction, the administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2014 training year.

At least annually, the administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive annual training in accordance with regulation 2600.65(f).

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Michelle Grimm RN Date 12-1-14

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The above plan of correction was approved by <u>SGM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress SGP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 17 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

There is not a window or operable ventilation fan in the bathroom by bedroom #2.

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.

Ventilation fan has been replaced in the bathroom by bedroom #2. Staff to monitor to make sure fan is not working properly. signature 12-1-14, picture sent. [redacted] will check weekly for compliance

Immediately - The administrator will monitor the home at least weekly to ensure all bathrooms have an operable window or exhaust fan for ventilation. *SAP*

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle Gromm*

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

*Michelle Gromm*

Date *12-1-14*

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SAP*
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- Not Implemented

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(Initials)

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

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

There was no light outside of the second floor fire exit.

There was no light shining onto the second half of the ramp as it turned next to the house leading from the emergency exit next to bedroom #8 and #9.

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.

Outside lighting has been installed on second floor exit and on second half of ramp in the front of the home. Effective 12-15-14. Pictures sent. [Redacted] will check weekly for compliance.

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the need for proper lighting throughout the home in order for residents to safely move through the home and safely evacuate. SR

Immediately -The administrator will monitor the home at least weekly to ensure there is proper lighting throughout the home in order for residents to safely move through the home and safely evacuate. SR

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

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

Date 12-1-14

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 13 2015

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

WEST REGION FIELD OFFICE  
Human Services

2a. DESCRIPTION OF VIOLATION

There were two 12 inch by 12 inch floor tiles missing by the toilet and two 12 inch by 12 inch floor tiles missing by the sink in the second floor common bathroom creating a tripping hazard.

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.

Steps to be taken have been identified in the second floor bathroom effective 12-1-14. picture sent - [redacted] will monitor for compliance

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will develop and implement a process and procedures to monitor the home daily to ensure floors, walls, ceilings and other surfaces will be clean, in good repair and free of hazards

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the process and procedures for reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Grimes RN adm Date 12-1-14

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Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The right side of the railing is loose and two bars that connect the slats on the end post are not attached on the metal railing along the ramp to the main entrance of the home.

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

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

Handrails has been fixed on main entrance to the home.  
effective 12-1-14. picture sent - [redacted] will  
Monitor weekly for compliance.

Immediately - The administrator will conduct an assessment of the home and the grounds to ensure all ramps, interior stairway and outside steps shall have a well-secured handrail. *gnd*

Within 30 days of receipt of the plan of correction, all staff persons will be educated regarding handrails and the process and procedures for reporting of hazardous conditions. *gnd*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm* Date *12-1-14*

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(Initials)

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PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 17 2015  
WEST HORIZON FIELD OFFICE  
Florida Services Licensing

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

2a. DESCRIPTION OF VIOLATION

There is not a non-skid surface on the stairs of the second floor fire exit.

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.

Second floor fire exit has been replaced with a non-skid surface on the stairs & landing. effective 12-1-14.  
Picture sent. [redacted] will monitor for compliance.

Immediately -The administrator will conduct an assessment of the homes interior stairs, exterior steps and ramps to ensure the nonskid surfaces are in place and no hazards exist. *SM*

Within 30 days of receipt of the plan of correction, all staff persons will be educated regarding the need for nonskid surfaces on interior stairs, exterior steps and ramps and the process and procedures for reporting hazardous conditions. *SM*

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will monitor all interior stairs, exterior steps and ramps at least quarterly to ensure the nonskid surfaces are in place and no hazards exist. *SM*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. Ryan*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. Ryan*

Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

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

Plan of correction implementation status as of 4-17-15  
(Date)

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

JAN 14 2015

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a 17 inch crack along the right side of the end board of the ramp leading from the emergency exit next to bedroom #8 and #9. In addition, there were multiple rocks on the ground at the drop off of this ramp creating a tripping hazard.

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.

Board has been replaced on the ramp w/ pic of home.  
Rocks have been picked up to ensure no tripping  
hazard. w/ picture 12-1-14. picture sent. [redacted]  
[redacted] will monitor weekly for compliance.

Immediately - The administrator will conduct a weekly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. *SP*

Within 30 days of receipt of the plan of correction, all staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. *SP*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Gr. mm* Date *12-1-14*

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u><i>SP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

The following food items were stored on the floor in the linen closet on the second floor:

- \* Two - cans of corn.
- \* One - can of apple sauce.
- \* Two cases of assorted cans of vegetables.

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 is informed that food items are not to be stored on the floor effective 12-1-14. Closet was inspected on respective days. The closet is only used if adm gals on vacation & items are stored there. [Redacted] will monitor work for compliance.

All food items were removed from the floor at the time of inspection. *SP*

Immediately - A designated staff person will check all for storage areas at least weekly to ensure food is stored off of the floor. *SP*

Immediately - The administrator will check all food storage areas at least monthly to ensure food is stored off of the floor. *SP*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. rmm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle G. rmm</i>	Date <i>12-1-14</i>
--	---------------------

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u><i>SP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 2015

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following food items were not dated when opened:

\* A jar of homemade pickles, 1/4 full; and a container of jalapeno cheddar dip in the refrigerator on the second floor.

\* A large zip lock bag of frozen green peppers in the freezer on the second floor.

In the kitchen refrigerator:

\* A chunk of cheese loosely wrapped in foil.

\* A container of Miracle Whip, 1/4 full.

\* A container of Ranch dressing, 1/4 full.

\* A container of Italian dressing, 1/4 full.

\* One pancake loosely wrapped in saran wrap.

In the kitchen freezer:

\* An open brown bag of french fries, 1/4 full.

\* A bag of pierogies.

\* A bottle of syrup in the kitchen cabinet to the right of the microwave.

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 informed that all food on second floor was open dated effective 12-1-14. The undated food was discarded at the time of inspection.

Within 30 days of receipt of the plan of correction, all staff persons handling, preparing or storing food items will be reeducated regarding the safe storage of food items including labeling and dating.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will check all food storage areas weekly to ensure safe food storage practices are followed, including labeling and dating of leftover food.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. Carr*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. Carr* Date *12/1/14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

JAN 14 2015

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

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

The following food items, in the cabinet to the right of the microwave, were opened and unsealed:

- \* A package of hot dog buns.
- \* A package of hamburger buns.
- \* Two loaves of bread.
- \* A bag of corn curls.

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 informed food was opened needs to be in a sealed container & labeled. effective 12-1-14.  
 picture sent - [redacted] will monitor weekly for compliance

The unsealed food was sealed at the time of inspection. *h*

Immediately - A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers. *h*

Within 30 days of receipt of the plan of correction, all staff persons involved in food preparation, serving and storage will be reeducated on the requirement to store food in closed or sealed containers. *h*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle G. ...</i>	Date <i>12-1-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

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 10/27/2014, the home had 19 residents but only 8 gallons of drinking water. In addition, the contractual agreement with Culligan does not guarantee that the water will be delivered immediately upon request, 24 hours per day, or a guarantee that the water will be delivered as a priority even in the event of a regional 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.

We have purchased water to meet our needs immediately. Culligan states in a letter that it received on 12-16-14 that they will provide 50-200 gallons of bottled water within hours of notification - I have attached a copy of the letter and picture 12-1-14. Pictures provided.

The administrator or designated staff person will monitor the emergency water at least monthly to ensure there is at least a three day supply of water available for each resident. *HA*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle G...* RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle G...*      Date *12-1-14*

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u>SG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SG</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The latch on the gate on the front porch (street side) was rusted and very difficult to open which limited egress from this exit of the home.

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

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

*Latch has been replaced on the front porch gate.  
effective 12-1-14. picture sent - [redacted] will  
monitor weekly for compliance.*

Immediately - A designated staff person on each shift will check the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Immediately - The administrator will check the home at least weekly to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G. Gamm* | Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 16 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's and municipality's emergency procedures were not posted in a conspicuous and public place in the home.

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

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

The home's & municipality's emergency procedures are posted in the dining area. Photo attached. Effective 12-1-15. Photos sent. [Redacted] will monitor municipality compliance.

Immediately - The administrator will post the municipal emergency management plan in a public and conspicuous place which is accessible to anyone in the home. *SN*

Immediately - The administrator will check the home at least weekly to ensure that both the homes' and local municipal emergency plans are posted in a conspicuous and public place. *SN*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm*      Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15 (Date)

Plan of correction implementation status as of 4-17-15 (Date)

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

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 16 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There was a white plastic chair stored against the furnace.

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.

Plastic chair has been removed from furnace area.  
Nothing will be stored near the furnace within 3 feet.  
A fire alarm 12-1-15. Photos attached, - [REDACTED]  
Will monitor weekly for compliance

Within 15 days of receipt of the plan of correction, all staff persons will be educated concerning keeping combustible or flammable materials away from heat sources. *SWP*

Immediately - A designated staff person will check the home at least daily to ensure combustible or flammable materials are not near heat sources. *SWP*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle G...*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G...*      Date *12-1-14*

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u>SWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 1 2015  
WEST VIRGINIA DEPARTMENT OF  
HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

According to staff and resident interviews, the two residents who reside on the second floor only evacuate to the landing on the fire escape for fire drills and not away from the building.

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 evacuate to designated area outside the PCH. On 10-28-14 all residents evacuated outside to designated area. Copy & picture attached -

Immediately - The administrator will monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to a designated meeting place away from the building or within the fire-safe area during a fire drill. Documentation of monitoring shall be kept. *SMP*

Within 15 days of receipt of the plan of correction, all staff and residents will be educated on the home's fire drill and evacuation procedures to include all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during a fire drill. Documentation of education shall be kept. *SMP*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/25/2013

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*      Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

JAN 26 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 3/11/2014, for resident #4, does not include a list of medications.

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's medications have been included in the medical  
eval from effective 12-1-14 [redacted] will review all  
evals from now to insure compliance. - Copy attached.*

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all new and current medical evaluations to ensure completion to include a current list of prescribed medications. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

Within 30 days of the receipt of the plan of correction, the administrator or designated staff person will develop and implement a process and procedure to ensure all newly completed medical evaluation are accurate and complete to include a current list of prescribed medications.

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the process and procedure to ensure all newly completed medical evaluations are accurate and complete to include a current list of prescribed medications.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm* Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

JAN 28 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Loperamide 2 mg, for resident #2, was discontinued in February 2014; however, the medication was still stored in the medication cart as of 10/27/14.

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.

*Loperamide 2mg for resident #2 has been disposed of. Staff notified about disposal procedures. [redacted] adm will periodically review medication cart for compliance. Effective 12-1-14.*

Within 15 days of receipt of the plan of correction, the administrator or a designated staff person qualified to administer medications will conduct an initial and monthly audit of resident prescriptions, medications, and medication administration records to ensure discontinued medications are not present in the home or administered to residents.

Within 15 days of receipt of the plan of correction, all staff persons administering medications will be reeducated on the proper procedures for administering medications including the proper procedures for disposing of discontinued medications.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Grimm* Date *12-1-14*

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 16 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Compazine 10 mg has been documented as administered by staff from October 1 through October 27 at 8:00 a.m.; however, the medication is not available in the home.

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

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

*Compazine was discontinued. - Pharmacy called the day of inspection. Inspector was told that this medication was discontinued - Staff informed: Decided to not dispense medication unless it is given. [Redacted] will re-educate staff to ensure compliance effective 12-1-14.*

Immediately - A designated staff person qualified to administer medications will review all resident MARs at least daily to ensure the proper documentation of medication administration at the time of administration. *SP*

Immediately - The administrator will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. Documentation of review shall be kept. *SP*

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of education shall be kept. *SP*

Repeat Violation: Yes  Date(s) of Previous Violation(s): 10/25/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm* Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15 (Date)

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

Plan of correction implementation status as of 4-17-15 (Date)

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 14 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #2 did not receive his/her prescribed Compazine 10 mg in October because the medication was not available in the home.

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

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

*This medication was discontinued - see previous page.*

Immediately - The administrator or designated staff person qualified to administer medications will review all prescription orders for all residents to ensure all prescriptions orders are current, accurately documented on all resident MAR's. Documentation of the review shall be kept. *SA*

Immediately - The administrator will monitor the MAR and the administration of resident medication at least weekly to ensure the prescribed medication is available in the home and orders of the prescriber are followed. Documentation of monitoring shall be kept. *SMP*

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration including ensuring medication is available for administration and orders of the prescriber are followed. Documentation of education shall be kept. *SMP*

Repeat Violation: Yes / Date(s) of Previous Violation(s): 10/25/2013

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle G...*

Date *12-1-14*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/1/2014, for resident #4, does not include the resident's use of compression stockings.

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.

Compression Stockings - 1 had has has been added to assessment  
letter - Admin - [redacted] will ensure completion by  
submitting assessment paper & re-assessment was 12-1-14

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all prescribed treatments. *SWP*

Within 30 days of receipt of the plan of correction, all staff persons completing assessments will be educated regarding the completion and accuracy of the document including all prescribed treatments. *SWP*

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 4-17-15 (Date)

Plan of correction implementation status as of 4-17-15 (Date)

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

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

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

JAN 2 2015

WEST HORIZON FIELD OFFICE  
Human Services License

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

The support plan, dated 3/11/2014, for resident #4, does not indicate how the home will assist the resident with his/her compression stockings.

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.

Compression stockings - had ~~the~~ been added to the support plan - admin [redacted] will insure compliance by returning document page w. support plan. effective 12-1-14

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current and newly completed resident support plans to ensure accuracy including all prescribed treatments. SA

Within 30 days of receipt of the plan of correction, all staff persons completing support plans will be educated regarding the completion and accuracy of the document including all prescribed treatments. SA

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) [Name and Title] Date 12-1-14

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress SA <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 10/27/2014 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGIONAL DEPARTMENT OF  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 3/11/2014, for resident #4, was not signed by the resident; nor, was there an indication of inability or refusal to sign.

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 support plan was done by resident #4.  
[redacted] - adm - will review support plan, once  
completed by staff. effective 12-1-14. Copy attached.*

All residents will be provided with the opportunity to participate in the development of their support plan. All persons participating in the development of the support plan will be provided with the opportunity to sign the support plan. If the resident or designated person refuses or is unable to sign the support plan the staff person completing the plan will indicate the reason for not signing, the date, time and staff person's initials. *gr*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Gorman* Date *12-1-14*

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

The above plan of correction is approved as of <u>4-17-15</u> (Date)	Plan of correction implementation status as of <u>4-17-15</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: MS. MICHELLE GRIMM		Region: WEST
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 10/10/2000 Comm. of PA Dept. L&I		APR 01 2015 WEST REGION FIELD OFFICE Human Services Unit
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Interim - POC	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/11/2015: Cutter, Jan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 28 Number of Residents Served: 21 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: 12 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 21 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

APR 03 2015

Violation Report: 41383 - 02/11/2015 - Cutter, Jan  
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following food items were undated in the kitchen freezer:  
- A large Ziploc bag of green peppers  
- A large bag of fish sticks  
- A box of waffles

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.

Posted a note on refrigerator with instructions for labeling procedures. Staff & families are aware. Michelle Grimm will check weekly for compliance. effective 3-12-15

The undated food was discarded at the time of inspection. *gr*

Within 30 days of receipt of the plan of correction, all staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating. *gr*

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will check all food storage areas weekly to ensure safe food storage practices are followed, including labeling and dating of leftover *gr* food.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michelle R. Grimm*

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

*Michelle R. Grimm*

Date *3-12-15*

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

The above plan of correction is approved as of 4-17-15  
(Date)

Plan of correction implementation status as of 4-17-15  
(Date)

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

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