



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2015

Ms. Barbara J. Trosiek-Kett, Administrator
Michael M. Trosiek, Jr.
P.O. Box 535
New Salem, Pennsylvania 15468

RE: Trosiek's Personal Care Home
214 Second Street
New Salem, Pennsylvania 15468
License #: 450260

Dear Ms. Trosiek-Kett:

As a result of the Department of Human Services' licensing inspection on October 28, 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 February 8, 2015 to February 8, 2016, was issued on October 30, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

DEC 16 2014

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The contract, dated 9-2-14, for resident #1, was not signed by the resident.

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 #1, contract was signed on the day of inspection. Administrator will review all residents contracts to ensure they are completed in their entirety. Copy enclosed

Immediately - The administrator will develop a system to ensure that all contracts for new residents are signed by all required parties within 24 hours of admission.

J 11/15/15

Repeat Violation: <i>Nb</i>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosiek Kerr*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosiek Kerr / Administrator* Date *Dec 12 2014*

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

The above plan of correction is approved as of <u>11/15/15</u> (Date)	Plan of correction implementation status as of <u>11/15/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>d</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 16 2014

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

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

The door knob for bedroom #4 is inoperable and prevented the door to remain closed, and does not afford privacy for those who reside in the room.

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 door knob was replaced in bedroom #4, and gives privacy for the resident. Photo Enclosed. Administrator will do monthly checks

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Joseph Keel

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

Barbara J. Trosiek Keel / Administrator

Date Dec 12, 2014

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1/5/15
(Date)

Plan of correction implementation status as of

1/5/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
 PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired in 2011, has not received training in any topics under regulation 2600.65a to include the following:

- * Evacuation procedures
- * Staff duties and responsibilities during fire drills, as well as during emergency evacuation

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

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

Staff person A is not employed by the PCH. Was not hired in 2011. Administrator did a criminal background check on Staff Person A as requested. Copies enclosed. Staff Person A will do the required training if necessary if background check is fine.

All staff persons, including volunteers, shall have all required training under regulation 2600.65a.

Immediately - Staff person A will receive orientation in all topics under 2600.65a prior to performing any further work in the home, including rooming work.

Signature

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara J. Trost Kett*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara J. Trost Kett* Date *Dec 12, 2014*

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Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired in 2011 has not completed training in any topics under regulation 2600.65b to include the following:

- * Emergency medical plan
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act

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

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

Staff Person A is not employed by the PCH. Was not hired in 2011. Administrator did a criminal background check on Staff Person A as requested. Copies enclosed. Staff Person A will do the required training if necessary if background check is fine.

All staff persons, including volunteers, shall have training required under 2600.65b.

Immediately, staff person A will receive required training under 2600.65b, prior to performing any work in the home, including volunteer work.

initials

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Hoover Kell

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

Barbara J. Hoover Kell

Date

Dec 12, 2014

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(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in any topics under regulation 2600.65g during the 2013 training year to include the following:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations

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

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

Staff person A is not employed by the PCH. Was not hired in 2013. Administrator did a criminal background check on Staff Person A as requested. Copies enclosed. Staff Person A will do the required training if necessary if background check is fine.

All staff persons, including regularly scheduled volunteers, shall be trained annually in all required areas under regulation 2600.65g.

1/15/15
Immediately - Staff person A will be trained in all required areas under 2600.65g prior to performing the PCH duties at the home, including direct care services.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosiek, Keri*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosiek, Keri* Date *Dec 12, 2014*

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Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There was a sharp, unsecured metal strip at the bottom right of the ramp at the front of the home, posing a cutting 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.

The metal strip was cut off at the end, so that there was no sharp edges. Administrator will check monthly to see that inside & outside areas are in good repair & free of hazards. Photo enclosed.

Immediately - The administrator will perform a walk through of the interior and exterior of the home, at least monthly, to ensure no hazards exist.

J-Listo

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Barbara J. Trosek-Klein

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Barbara J. Trosek-Klein / Administrator

Date

Dec 17, 2014

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The above plan of correction is approved as of

11/15/15
(Date)

Plan of correction implementation status as of

1/15/15
(Date)

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

The above plan of correction was approved by

d
(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

DEC 16 2014

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

There was no handrail at the steps that are approximately 2" high leading to the deck on both sides of the home at the rear.

There was no handrail at the step approximately 4" high leading into the medication storage room.

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.

Administrator bought 3 handrails and were placed on all doors that were required to ^{have them} do so. Photo's enclosed
Administrator will do monthly checks to ensure all stairway & outside steps have a handrail

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

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(Date)

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- Not Implemented

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[Signature]
(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #2's bed did not have a source of lighting that can be turned on/off from bedside.

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

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

Resident #2 had a lamp on [redacted] nightstand, the bulb was burned out. A new bulb was replaced at the time of inspection. Administrator will do monthly checks to ensure there is proper source of lighting for all residents.

Immediately All staff persons will be educated on the importance of safe bedside lighting and directed to monitor resident bedrooms daily as part of their regular duties.

2/ 11/15/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Kett / Administrator* Date *Dec 12 2014*

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Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:22 AM, the temperature on the inside door of the side-by-side refrigerator measured 44 degrees Fahrenheit and the temperature on the top shelf of this refrigerator measured 50 degrees Fahrenheit.

At 10:22 AM, the temperature of the single freezer measured 8 degrees Fahrenheit.

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 side-by-side refrigerator had two thermometers in the frig, which only requires one of the other in the freezer. Depending on the placement of the thermometers you will not get a correct reading due to opening & closing of the doors all day long. Administrator placed the thermometers in the right areas of the frig & freezer which should be located in the back areas. Administrator will check weekly to ensure the readings are correct. New thermometers will be purchased if necessary.

The current temperatures in the refrigerator and freezer are under the required limits.

Immediately - all staff involved in food preparation and storage will be educated on safe food storage temperatures and directed to monitor refrigerator and freezer

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Trosiek-Kent

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

Barbara J. Trosiek-Kent / Administrator

Date Dec 12, 2014

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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 *[Signature]*
(Initials)

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Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

DEC 16 2014

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 emergency procedures were not posted in a conspicuous and public place in the home. They were in a binder in the locked office.

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 emergency procedures were placed on the bulletin board at the time of inspection. Administrator will see that all required forms are placed in a public place for viewing. Will do monthly checks

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Trosek-Kerr

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

Barbara J. Trosek-Kerr / Administrator

Date

Dec. 10, 2014

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(Date)

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1/15/15
(Date)

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

The above plan of correction was approved by

B
(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

DEC 16 2014

WEST REGION FIELD OFFICE
Human Services

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 9/21/14, does not have a completed medical evaluation.

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 #1 moved out of the PCH home on Nov 1, 2014. Administrator called the social worker at [REDACTED] to see if it could get a copy of Resident #1's DMG. [REDACTED] (social worker), spoke to doctor and too much time had elapsed (9/21/14) to get one. Was told to call her P.O.P. Since Resident #1 does not live at the PCH anymore. In the future, Administrator will see that all paperwork is done in the required time frame, including the medical evaluation, which will be completed no more than 60 days prior to admission or 30 days after admission.

11/15/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosek-Kelli*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosek-Kelli* Date *Dec 10 2014*

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Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There is no first aid kit in either of the two vehicles used to transport residents - the 2005 Toyota Corolla and the 2008 Ford 250 truck.

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.

Administrator placed first aid kits in both vehicles.
Will check monthly to ensure they are in there.

Immediately - all staff persons who transport residents will be educated on this requirement and directed to check the vehicles' first aid kits prior to transporting residents.

11/15/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J. Trosiek Kerr

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

Barbara J. Trosiek Kerr / Administrator

Date

Dec 12 2014

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(Date)

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Not Implemented

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[Signature]
(Initials)

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted on 7/23/14, has not been educated to the resident's right to refuse medication if the resident believes there may be a medication error.

Resident #1, admitted on 9/21/14, has not been educated to the resident's right to refuse medication if the resident believes there may be a medication error.

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

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

Resident #2 signed a dated [redacted] form concerning the right to refuse medication if a medication error. Resident #1 no longer lives in the home, as of Nov 1, 2014.

Administrator had forms on hand to be signed. My error in putting them in there files. Administrator will see that all required forms are done in a timely manner. Copy enclosed for Resident #2.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara J Trosiek Kett

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

Barbara J Trosiek Kett

Date

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[Signature]
(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45026 - 10/28/2014 - Whitney, Diane
PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The preadmission screening, dated 9/21/14, for resident #1 does not include a determination that the home can meet the resident's needs.

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

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

Resident #1, preadmission screening was filled out.
Administrator will review all preadmission screenings to ensure they are completed in their entirety. Copy enclosed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara J. Trosek-Kerr*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara J Trosek-Kerr* Date *Dec 17 2014*

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