





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**DEC 12 2014**

Mr. David Lovitz, President  
Care HSL Belle Reve OpCo LLC  
404 East Harford Street  
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center  
License #: 225131

Dear Mr. Lovitz:

As a result of the Department of Human Services' licensing inspection on November 3, 2014 and November 4, 2014 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones / 98".

Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

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 Licensing Inspection summaries dated 5/5/14 and 6/11/14 were not posted in a public conspicuous 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.

Plan of Corrections (completed 11/26/14):

This regulation is important to allow the public the disclosure of the Home's survey history and to show the steps approved to correct any violations. At the time of the survey the Executive Director had the inspection summary book in his office to update and it was not available to the public.

The Personal Care Home Administrator will post all inspection summary issued by the Department of Public Welfare timely in a conspicuous and public place in the main lobby area.

a. At the time the listing of violations are received and /or  
 b. Updated upon the approval of the plan of corrections

The posting will be monitored by the receptionist to assure accessibility and the Executive Director will conduct random audits for compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Hardin*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Hardin, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-11-14  
*on-site 12-9-14* (Date)

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

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  
 On 7/8/14, the home received a telephone call around 3:00 am asking if the home was missing resident #1. The resident was found at the Turkey Hill up the road and was returned to the home via the Milford Police Department. The home did not submit an incident report to the Department.

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

Plan of Correction (Completed 12/01/14 :

It is important to notify the department according to regulation regarding reportable events in a timely fashion to ensure proper notification. The violation occurred because the Home considered the "notification if missing 24 hours" rather than "Emergency Services" when determining reporting.

- The facility will review reportable unscheduled absence of resident within 24 hours if emergency services are involved or when the support plan so provides, a period of less the 24 hours.
- When the home is unsure if an incident is reportable they will err on the side of reporting to assure that all potentially-reportable incidents are reported.
- An in-service will be completed to staff addressing the importance of notification of reportable incidents to the department.
- The Personal Care Home Administrator will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2014
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
*on site 12-9-14*  
 (Date)

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/Q3/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

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  
 At 12:25pm the 2nd floor medication room was unlocked and unattended. The room contained narcotic logs and other confidential information of the residents.

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

Plan of Correction

This purpose of the regulation is to assure that resident's medical information remains confidential and not accessible to anyone unauthorized. This is important because the privacy of residents' healthcare information must be protected, per regulation. This violation occurred when a medication tech left the medication room unattended and confidential information un-secured.

- A filing cabinet with a lock was put in the medication room to ensure all resident information will be secured at all times.
- The narcotic log will remain locked in the medication cart when staff are not present in the medication room.
- Staff was in-serviced on the importance to maintain the security of the resident medical information (attached).

The Personal Care Coordinator / designee will monitor for ongoing compliance to protect the privacy of the resident.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014	03/25/2014
-----------------------	-----------------------------------	------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward D. Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of *12-5-14*  
*on site 12-9-14* (Date)

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

Plan of correction implementation status as of *12-9-14*  
 (Date)

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

Violation Report: 20865 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for resident #1 indicates that the resident requires some assistance with supervision in unfamiliar places and when leaving the facility. On 7/18/14 at 3:00 am, the resident did not receive this assistance as required when Milford Police found the resident at the Turkey Hill up the road and returned the resident to 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.

Plan of Correction (completed 11/7/14):

The regulation calls for the facility to review and provide each resident with assistance of activities of daily living as indicated in the support plan. This is important for the health and safety of the resident. This particular resident was a new admission and still in the assessment period and developing services, according to his support plan he needed assistance in unfamiliar places. The home failed to follow support plan which stated that he needed assistance in unfamiliar places.

- Staff was educated on importance of following support plan and updating changes if necessary.

The Personal Care Coordinator / designee will review all new admission service plans to identify any new resident in need of assistance in unfamiliar places, will alert staff and the Personal Care Home Administrator to allow for closer supervision.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward P. Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Edward P. Harding, Executive Director</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 12-5-14  
 on site 12-9-14  
 (Date)

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 10/31/14, 51 residents were present in the home. One staff person was certified in First Aid and CPR from 3p-12am. On 11/1/14, 51 residents were present in the home. One staff person was certified in First Aid and CPR from 12am-7am. On 10/26/14, 54 residents were present in the home. One staff person was certified in First Aid and CPR from 11pm-12am. On 10/26/14, 54 residents were present in the home. One staff person was certified in First Aid and CPR from 12am-7am. The home is required to have 2 people certified in First Aid and CPR.

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.

Plan of Correction (completed 11/11/14):

This regulation is important to allow properly train / certified staff to have CPR / First Aid in the event of an emergency. The violation occurred due to staff scheduling changes assigning newly hired staff to cover for call outs.

- At the time of the survey the Personal Care Home Administrator / PCC reviewed the schedule to assure compliance.
- The Home held a CPR / First Aid training class on 11/11/2014 to assure all newly hired PCH staff received CPR / First Aid to ensure at least one trained staff member is in the home for every 50 residents.
- The PCC / designee will develop a tracking system and review monthly to assure staff receives the CPR / First Aid training on an ongoing basis, monthly or as needed for newly hired staff or any expired certification.
- The facility does have various department who are trained / certified in CPR / First Aid in the event of an emergency will respond if requested as a backup (Dietary, Housekeeping, Skilled Nursing).
- The Personal Care Coordinator/designee will ensure at least one staff member for every 50 residents will be CPR/First Aid certified when completing the schedule every two weeks to confirm compliance when or if any changes occur.
- The Personal Care Home Administrator will review and conduct random audits for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2014
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Hardin*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Hardin, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
 on site 12-9-14  
 (Date)

Plan of correction implementation status as of 12-9-14  
 (Date)

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

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The home has two residents who use glucometers. Per staff member A the home will use resident #2's glucometer for resident #3 when resident #3 is out of test strips. This was done on 11/2/14 at 11:47am.

2 urinals were located on the nightstand in Room #219. Both urinals contained a green and black substance on the inside of the containers.

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.

Plan of Correction (11/7/14):

It is important not to share equipment and to maintain sanitary conditions as a precaution to control the transmission of infectious diseases. This violation occurred when staff utilized another resident's glucometer /or test strips.

- a. Staff were immediately in-serviced that the use of other resident's equipment or strips is prohibited and review the cleaning / disinfecting of glucometers in a senior living setting.
- b. Instructed to reorder strips within 7 to 10 days prior to exhaustion of the supply.
- c. In addition the facility will purchase an extra glucometer to maintain as a spare for use and/or replacement should it be needed.
- d. The Personal Care Coordinator / designee will monitor for ongoing compliance on a monthly basis.

The soiled urinal that was located on the nightstand in Room 219 was replaced when identified during the survey.

- Staff was educated that:
  - a. Residents urinal will be checked frequently and emptied as needed
  - b. Any discolored or unsightly urinals will be replaced as needed

Personal Care Coordinator / designee will monitored monthly for 3 months by conducting random room rounds for compliance

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

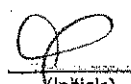
Signature of Legal Entity Representative (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Edward Harding, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14 (Date)  
*on site 12-9-14*

Plan of correction implementation status as of 12-9-14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The emergency telephone numbers were not posted near the telephones in Room #'s 103, 111, and 228.

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.

Plan of Correction: (completed 11/05/14)

The emergency telephone number is important to be listed as a quick response in the event of an emergency, and allows staff, residents or visitors to contact services if needed. This violation occurred because someone removed the secured paper notice taped to the nightstand.

- The facility did (11/05/14) affix the proper emergency numbers to room 103,111, 228
- An audit was conducted to assure all rooms have the telephone number.

Compliance will be monitor by the Personal Care Home Administrator / designee quarterly.

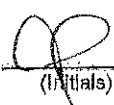
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Calvin P. Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Edward Harding, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
*on site 12-9-14*  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION  
 2 residents reside in Room #321 of the homes SDCU. The towels located in the bathroom do not have labels indicating who uses the towels.

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.*

Plan of Correction: (completed 11/05/14)

It is important for each resident to have their own towels and not to utilize common items. This was violated by not clearly labeling the towel bars.

- a. Room 321 in the SDCU was clearly labeled preceding the survey.
- b. All shared rooms were checked for compliance and clearly labeled.

Personal Care Coordinator (PC section) and Memory Care Director (SDCU section) / designee will continue to monitor to ensure ongoing compliance while conducting monthly rounds.


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward P. Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward P. Harding, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
*on site 12-9-14*  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The fire drill conducted on 9/26/14 at 1:30am took 9 minutes and 20 seconds for evacuation. The letter from the Fire Safety expert dated June 19, 2014 notes 9 minutes as a safe evacuation time.

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.

Plan of Correction (completed): 10/28/14

This regulation is important to assure the residents and staff response in a fire emergency. The home is a multi-level facility and conducts monthly fire drill at least once a quarter on the overnight shift (11-7). The PCH section is required to conduct 2 overnight drills per year. The prior drills were held on 3/28/14, 8:10 minutes, 6/27/14, 8:56 minutes and the one in question of 9/26/14, 9:20 minutes. It is the home's practice to re-run any failed fire drill which was held on 10/28/14, 5:33 minutes and staff education was performed. Fire Drills are conducted by an outside agency and monitored by the Director of Maintenance. If any fire drill goes over the allotted time, the staff will be educated and the fire drill will be repeated to assure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Edward Harding, Executive Director</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 12-5-14  
*12-9-14 on-site* (Date)

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20666 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

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 home made changes to the Medical Evaluations dated 7/18/14 and 7/1/14 for resident #1 after the forms were signed by the Physician. The home did not contact the person who performed the evaluation and receive permission to correct the DME and the home did not document the date, time and initial the corrections.

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.

Plan of Correction(completed): 11/7/14

It is imported to properly notify the issuing physician or agent when any DME is changed. This violation occurred when attempting to document the receipt of the annual flu-shot after receiving proper orders to administer from the physician.

- The Resident Care Director / designee will document within the resident chart any updated information.
- The Resident Care Director / Personal Care Home Administrator will ensure no changes are made to the DME form unless it is a licensed nurse and permission is received from the physician and is dated with initials.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
 (Date)  
*12-09-14 on-site*

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 Approximately 30 extinguished cigarette butts were located along the ramp to the employee entrance, this area is not the designated smoking area.

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

Plan of Correction (completed 11/12/14):

The Home promotes a smoke free environment within the building, but does allow residents, visitors and staff to smoke only in a designated outside area which is equipped with fireproof receptacles. The area in question is not a smoking area and utilized as a staff entrance connected to our parking lot.

- Housekeeping cleaned the area removing extinguished cigarette butts and leaves removing the possible fire hazard.
- The Executive Director posted a memo as a reminder to all staff regarding the smoking policy and staff was in-serviced.
- The area will be cleaned on a regular basis monitored by the Director of Maintenance weekly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *Edward Harding, Executive Director*      Date: *12-1-14*

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

The above plan of correction is approved as of *12-8-14* (Date)  
*on site 12-9-14*

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

Plan of correction implementation status as of *12-9-14* (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION  
 Approximately 30 extinguished cigarette butts were located along the ramp to the employee entrance, the area was covered with dried leaves - posing a possible fire 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.

Plan of Correction [completed 11/12/14]:

The Home promotes a smoke free environment within the building, but does allow residents, visitors and staff to smoke only in a designated outside area which is equipped with fireproof receptacles. The area in question is not a smoking area and utilized as a staff entrance connected to our parking lot.

- Housekeeping cleaned the area removing extinguished cigarette butts and leaves removing the possible fire hazard.
- The Executive Director posted a memo as a reminder to all staff regarding the smoking policy and staff was in-serviced.
- The area will be cleaned on a regular basis monitored by the Director of Maintenance weekly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Edward Hardina*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Edward Hardina, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14 (Date)  
 on site 12-9-14

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

Plan of correction implementation status as of 12-9-14 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Staff member B passed the initial medication administration course on 7/19/12. The 2013 & 2014 annual practicums were incomplete as only 2 of the required 4 medication administration record reviews were completed.  
 Staff member C only completed 2 of the required 4 medication administration record reviews for the 2014 annual practicum.  
 Staff member D only completed 2 of the required 4 medication administration record reviews for the 2014 annual practicum.

**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.  
 Plan of Correction (12/31/14):  
 The regulation is important to assure that medication administration is performed by trained staff under 2600.190 and that proper annual / quarterly practicums are completed timely. The home failed to secure that the proper annual / quarterly practicums medication administration record review. This was due to the home not having a qualified train-trainer for a short period of time.  
 • The home did re-hire the train-trainer to perform these duties  
 • The Home currently has another staff member in a State approved train-trainer course to assure a backup  
 • Develop tracking system to assure compliance  
 The Personal Care Coordinator / designee will develop a tracking system to assure compliance requiring the completion of the annual / quarterly practicums. This will be monitored by the Personal Care Home Administrator monthly.

Repeat Violation: Yes \_\_\_\_\_ Date(s) of Previous Violation(s): \_\_\_\_\_

Signature of Legal Entity Representative (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Edward Harding, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14 (Date)  
*on-site 12-9-14*  
 The above plan of correction was approved by *OP* (Initials)  
 Plan of correction implementation status as of 12-9-14 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 20866 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Vitamin C with Rose hips 1000mg was located in the medication cart, the medication is not a current order.  
 Resident #5's Ceterizine Hydrochloride expired on 10/14.

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

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

Plan of Correction (completion 11/07/14)

The regulation is to assure that only current prescribed medications are available to administrator to the resident. This occurred because the family provided the medication (1000mg Vitamin C), there was a supply of 100mg Vitamin C available which was prescribed for the resident. Upon discovery the incorrect medication was removed. The Ceterizine Hydrochloride that expired 10/14 was also discarded once discovered.

1. Staff was educated on the proper disposal of medications and to verify all medications with the MAR supplied by family or outside pharmacies prior to accepting and that any expired medication is to be discarded.
2. The Personal Care Coordinator / designee / Personal Care Home Administrator conducted a MAR to cart audit to assure no other medication was un-prescribed or expired.
3. The Home developed an audit process to be completed by the overnight (11-7) staff monthly comparing the current medication with the MAR.
4. This process will be monitored by The Personal Care Coordinator / designee to assure compliance and reported to the Personal Care Home Administrator monthly for the next three monthly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
 (Date)  
*On site 12-9-14*

Plan of correction implementation status as of 12-9-14  
 (Date)

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

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

Violation Report: 20565 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 The homes medication policy notes narcotics are counted by 2 med trained staff at the beginning and end of each shift. The narcotic count was not completed on every shift on the following days: 9/1-9/8/14, 9/10-9/12/14, 9/14/14, 9/16-9/17/14, 9/20-9/27/14, 9/30-9/31/14, 10/31/14, 11/2-11/3/14.

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.

Plan of Correction (completed 11/07/14):

This regulation is to ensure and safe guard the medication. The policy does require narcotics to be secured and counted prior to and after each shift, even though the count was correct they are still required to verify by signing, this was negated various times.

1. The narcotics were verified by the Personal Care Home Administrator to confirm that the count was correct
2. Staff was educated as to the importance of double counting with the incoming and outgoing Med Tech, and completing the signing off process
3. Med Tech Staff has also been in-serviced that cart keys are not to be accepted / handed over until the count is complete and signed.

The Personal Care Coordinator / designee will conduct weekly audits to assure compliance and report to the Personal Care Home Administrator any infraction to follow the facilities progressive disciplinary action.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director*      Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
*on-site 12-9-14* (Date)

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20865 - 11/03/2014 - Novak, Ryan;  
 PCH Name: BELLE REVE

1. REGULATION 65 Pa.Code §2600  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #3 states Warfarin Tablet 5mg, Take two tablets by mouth (10mg) daily. There were two blister packs of medication in the home's cart. One label stated Warfarin tablet 5mg, Take one tablet by mouth with 4mg=9mg daily. The other label stated Warfarin tablet 4mg, take one tablet by mouth with 5mg=9mg daily. The labels on the medications did not match the Medication administration record.

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.

Plan of Correction (completed 11/07/14):

This is to assure that only prescribed medication is administered. The Home failed to identify the medication once the order was changed by the attending physician by affixing a "Change" label or remove from the cart.

1. Staff was educated that once a medication order is changed to confirm that the order has been communicated to the pharmacy, and to affix a "Change" label which will alert the staff to look for new orders and medication, once the new medication is received to remove the medication and place into the pharmacy return bin.
2. The Home developed an audit process to be completed by the overnight (11-7) staff monthly comparing the current medication with the MAR. *Home will conduct periodic reviews to maintain*
3. This process will be monitored by The Personal Care Coordinator / designee to assure compliance and compliance reported to the Personal Care Home Administrator monthly for the next ~~three~~ *six* months.

*CP 12-11-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/06/2014	03/25/2014	11/20/2013
-----------------------	-----------------------------------	------------	------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of 12-5-14  
 (Date)  
*evidence of new violations*  
 12-9-14.

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

Plan of correction implementation status as of 12-9-14  
 (Date)

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

Violation Report: 20665 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 has an order for Vitamin C 100mg with rose hips once daily. From 10/1/14-10/31/14 the home was administering 1000mg.

Resident #6's Acetaminophen, Milk of Magnesium, Ready to use enema and Biscolax Suppository was not available.

Resident #7's Biscolax Suppository was not available.

Resident #3 is prescribed Milk of Magnesia 1200/15 two tablespoons full (30ml) by mouth at 6am on day 3 as needed if no bowel movement. This 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.

Plan of Correction (completed 11/24/14):

This is to assure that only prescribed medication is administrator. The Home failed to identify the PRN medication was not available in the cart.

- Staff was educated that any PRN medication order is to be available for administration.
- The Home contracted on 11/24/14 with a consultant pharmacist to audit the PRN and make recommendation to the attending physician.
- Resident Care Director / Personal Care Home Administrator / designee will review the pharmacist recommendation
- The Home developed an audit process to be completed by the overnight (11-7) staff monthly comparing the current medication with the MAR. Adm will review periodically to insure ongoing compliance
- This process will be monitored by The Personal Care Coordinator / designee to assure compliance and reported to the Personal Care Home Administrator monthly for the next three months. L

OP 12-11-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2014	11/20/2013
-----------------------	-----------------------------------	------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward P. Hardice*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward P. Hardice, Executive Director* Date *12-1-14*

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

The above plan of correction is approved as of <u>12-5-14</u> (Date) <i>New violation</i> <i>12-9-14</i>	Plan of correction implementation status as of <u>12-11-14</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20865 - 11/03/2014 - Novak, Ryan  
 PCH Name: BELLE REVE

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 10/30/14 at 12:30pm staff member D administered ABHR 1mg/25mg/1mg/10mg gel, apply contents of 1 syringe to wrist or neck every 4 hours as needed for agitation. This staff member reports the resident was in the dining room yelling and crying for their husband and when staff tried to bring the resident upstairs the resident became physical with staff. Staff tried to talk with the resident but it did not help. After waiting a while staff administered the medication.

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.

Plan of Correction (completed 11/24/14):

This regulation is important to assure that psychoactive medication is used to treat the resident for the signs and symptoms of a psychological condition (e.g.: anxiety).

- Staff was educated on importance of non-pharmacological interventions to use before any medication is given and it was explained that we cannot medicate a resident due to a behavior but to treat the signs and symptoms relating to the physician orders.
- An audit was performed by the Personal Care Home Administrator for all resident with psychoactive medication confirming diagnosis and signs / symptoms for use e.g.: anxiety
- On 11/24/14 a pharmacy consultant reviewed all psychotropic medication to ensure it is being used for the proper diagnosis and notified resident's physicians with
- Any medication that is a PRN for any psychological condition will be reviewed by the PCHA on a quarterly basis to ensure compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/20/2013

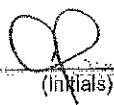
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edward Harding, Executive Director*

Date: *11-1-14*

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

The above plan of correction is approved as of 12-05-14  
 on site 12-9-14  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12-9-14  
 (Date)

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