



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**DEC 24 2014**

Mr. Michell Staska-Pier, Executive Director  
Phoebe Home Incorporated  
1925 Turner Street  
Allentown, Pennsylvania 18104

RE: The David A. Miller Personal Care Community  
License #: 216170

Dear Mr. Staska-Pier:

As a result of the Department of Human Services' licensing inspection on November 5, 2014 and November 6, 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 December 8, 2014 to December 8, 2015 was issued on August 25, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

/s/

Enclosure  
License Inspection Summary

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

Page 1 of 10

PGH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY		License Number: 21617
Address: 1925 TURNER STREET, ALLENTOWN, PA 18104		County: Lehigh
Administrator: Joan Matura	<i>Joan Matura</i>	Region: NORTHEAST
Legal Entity Name: PHOEBE HOME INCORPORATED		
Legal Entity Address: 1925 TURNER STREET, ALLENTOWN, PA 18104		
Certificate(s) of Occupancy LP 12/05/1988 Department of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2014: Hummel, Jesse 11/06/2014: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 52 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: 0 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 4

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

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 resident home contract for resident #1 dated 6/11/14 and the resident home contract for resident #2 dated 5/1/14 were not signed by 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.

*See Attached*

*• The administrator shall monitor and assure ongoing compliance.*  
*12/4/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *JMO Matura*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JOAN MATURA RPN MANAGER*

Date *11/20/14*

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

The above plan of correction is approved as of 12/4/14  
 (Date)

Plan of correction implementation status as of 12/4/14  
 (Date)

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

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

**David A. Miller Personal Care Community**

**License # 216170**

**Plan of Correction for DPW licensing inspection on 11/5/14-11/6/14**

**Regulation 55 Pa. Code 2600**

**2600.25(b)**-The contract shall be signed by the administrator or 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.

**Description of violation**

Resident 1 date 6/11/14 & Resident 2 date 5/1/14 did not sign their agreement. Their responsible party signed.

**Plan of Correction (POC)**

Resident 1 and Resident 2 agreements have been signed by resident  
Administrator met with Admissions Staff on 11/10/14, educating the following:

- All residents are to review and sign their agreement.
- The contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident
- Contracts can be cosigned by the resident's designated person if any, if the resident agrees.
- If a resident is unable to sign their full name a mark such as an x will be acceptable.
- If a resident is deemed incompetent a copy of document must be included in resident's record.

**Monitor compliance of this regulation:**

- Quarterly audit of contract signatures will be performed by the Director of Admissions.
- Audit results will be reported and tracked through our Quarterly Quality Assurance Program.

  
12/4/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

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 person A did not receive training in Infection Control during the 2013 training year.

Direct care staff person B did not receive training in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan for the 2013 training year.

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

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

*See Attached*

- Staff shall be trained for 2013 and 2014 to become compliant. Documentation shall be maintained.
  - The administrator is responsible for monitoring and ongoing compliance.
- M*  
12/4/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAN MATUREL PN MANAGER* Date *11/30/14*

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

The above plan of correction is approved as of <u>12/4/14</u> (Date)	Plan of correction implementation status as of <u>12/4/14</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**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

**Description of violation**

Direct care staff person A did not receive training in Infection Control during 2013 training year.  
Direct care staff person B did not receive training in meeting the needs of the resident as described in the preadmission screen form, assessment tool, medical evaluation and support plan for the 2013 training year.

**Plan of Correction (POC)**

Staff persons A and B have received this training for the 2014 training year.

- Training for staff person A- Infection Control on 8/18/14
- Training for staff person B-Meeting the needs of the residents regarding the DPW forms on 3/22/14

Monitor compliance of this regulation:

- PCH Manager will obtain a list of all employees that worked in the Miller building for 2014 for compliance of mandatory training.
- Quarterly going forward manager will ensure all staff received training requirements and report through QA.

  
12/4/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

**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**

Direct care staff person C did not receive training in Fire Safety completed by a fire safety expert, Emergency Preparedness procedures or Resident Rights during the 2013 training year.

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

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

*See Attached*

*Staff shall be trained for 2013 and 2014 to become compliant. Documentation shall be maintained in the home.*

*The administrator is responsible for monitoring and ongoing compliance. M 12/4/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joan Maturale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN MATURALE IN MANAGER*      Date *11/30/14*

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

The above plan of correction is approved as of *12/4/14*  
 (Date)

Plan of correction implementation status as of *12/4/14*  
 (Date)

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

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

**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

**Description of violation**

Direct care staff person C did not receive training in fire safety completed by a fire safety expert, emergency preparedness procedures or resident rights during the 2013 training year.

**Plan of Correction (POC)**

Staff person C has received this training for 2014 training year on:

- 03/22/14
- 10/20/14

**Monitor compliance of this regulation:**

- PCH Manager will obtain a list of all employees that worked in the Miller building for 2014 for compliance of mandatory training.
- Quarterly going forward manager will ensure all staff received training requirements and report through QA

*M*  
12/04/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION  
 Administrator D did not have a copy of the Emergency Preparedness plan for the municipality in which the home is located.

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

*See Attached*

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

Printed Name and Title of Legal Entity Representative *JOAN MATURA LPN MANAGER* Date *11/20/14*  
 (Required on EVERY Page)

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

The above plan of correction is approved as of *12/4/14*  
 (Date)

Plan of correction implementation status as of *12/4/14*  
 (Date)

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

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

**Regulation 55 Pa. Code 2600**

**2600.107(a)** - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

**Description of violation**

Administrator ~~Ø~~ did not have a copy of Emergency Preparedness plan for the municipality in which the home is located.

**Plan of Correction (POC)**

- Current Lehigh County Plan in hand, obtained and shown to inspector on day of inspection. (Current plan we had posted was previously approved by DPW)

**Monitor compliance of this regulation:**

- Current Lehigh County Plan is last updated 2013, will annually check with county for most recent if revisions have been made.

  
12/4/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A. MILLER PERSONAL CARE COMMUNITY

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  
 The first aid kit located on the facility's activity bus does not include a thermometer.

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

*See Attached*

*The administrator shall be responsible for ongoing compliance.*  
*[Signature]*  
 12/4/14

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) *JOAN MATURKA LHN MANAGER* Date *11/20/14*

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The above plan of correction is approved as of 12/4/14 (Date) Plan of correction implementation status as of 12/4/14 (Date)

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

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

**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).

**Description of violation**

The first aid kit located on the facility's activity bus did not include a thermometer.

**Plan of Correction (POC)**

Tempa Dot added immediately to kit at time inspector noted missing.

**Monitor compliance of this regulation:**

- Quarterly audit of first aid kit contents will be completed by maintenance staff, and reported and tracked through QA program.

*M  
12/4/14*

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

**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**

Direct care staff person E regularly administers medications. Staff person E recently completed the medication administration annual practicum on 3/8/13. Staff person E did not complete a medication administration annual practicum during 2013, which is required annually to continue administering 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.

*See Attached*

*The administrator shall monitor and assure ongoing compliance*

*M*  
12/4/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN MATURA, RN MANAGER* Date *11/20/14*

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

The above plan of correction is approved as of 12/4/14  
(Date)

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

Plan of correction implementation status as of 12/4/14  
(Date)

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

**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.

**Description of violation**

Direct care staff person E regularly administers medications. Staff person E recently completed the medication administration annual practicum on 3/8/14. Staff person E did not complete a medication administration annual practicum during 2013, which is required annually to continue administering medications.

**Plan of Correction (POC)**

Staff person E did complete medication administration practicum for 2013.

Per DPW regulation, annual is defined as the year after the date of last recertification.

Staff person E met this requirement for annual practicum as documented on the following dates:

- 6/20/12, 9/20/12, 12/20/12, 2/20/13 (last recertification was 3/20/12)
- 6/20/13, 9/20/13, 12/20/13, 2/20/14 (last recertification was 3/20/13)

\*supporting documentation attached

Monitor compliance of this regulation:

- PCH Manager will obtain a list of all employees that worked in the Miller building for 2014 for compliance of mandatory training.
- Quarterly going forward manager will ensure all staff received training requirements and report through QA

  
12/4/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

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

2a. DESCRIPTION OF VIOLATION  
 Resident #3 is prescribed Methocarbam 500mg - 1 tablet every 6 hours as needed for muscle spasms. This medication is not on hand at the facility.

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

*See attached*

*The administrator shall monitor and assure ongoing compliance.*  
*Mr. [Signature]*  
*12/4/14.*

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) *DAN MATTEIA CN MANAGER*      Date *11/20/14*

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

The above plan of correction is approved as of <u>12/4/14</u> (Date)	Plan of correction implementation status as of <u>12/4/14</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Regulation 55 Pa. Code 2600**

**2600.187(d)** - The home shall follow the directions of the prescriber.

**Description of violation**

Resident #3 is prescribed Methocarbam 500mg-1 tablet every 6 hours as needed for muscle spasms. This medication is not on hand at the facility.

**Plan of Correction (POC)**

Pharmacy was notified immediately. The medication will be delivered the same day. Resident has not requested this medication since admission on 10/18/14. This resident's pain is under control by taking another analgesic ordered twice a day routinely.

**Monitor compliance of this regulation:**

- Med techs will audit medication supplies in residents cabinets re-order as needed or have the medication discontinued if not needed / not taken.
- Results of audit will be reported and tracked through our Quarterly Quality Assurance program

*M  
2/1/14*

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION  
 The preadmission screening completed on 4/25/14 for resident #2 does not designate who completed the screening of 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.

*See Attached*

*The administrator shall monitor and assume ongoing compliance.*  
*M*  
*12/4/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *JM Madala*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN MATULEA RN Manager*      Date *11/20/14*

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

The above plan of correction is approved as of 10/4/14  
 (Date)

Plan of correction implementation status as of 12/4/14  
 (Date)

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

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

**Regulation 55 Pa. Code 2600**

**2600.224(c)** - The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and mental retardation program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

**Description of violation**

The preadmission screen completed on 4/25/14 for Resident #2 does not designate who completed the screening of the resident.

**Plan of Correction (POC)**

Preadmission screen was corrected immediately, designating who completed the screening resident.

**Monitor compliance of this regulation:**

- Director of Admissions will review all pre-admission screens for completion prior to each admission
- Pre admission screens will be audit monthly for compliance
- Results of audit will be reported and tracked through our Quarterly Quality Assurance program

*M*  
4/24/14

Violation Report: 21617 - 11/05/2014 - Hummel, Jesse  
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

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 assessment and support plan completed on 1/17/14 for resident #4 is not signed by the resident. The assessment and support plan does not designate that the resident was unable to or declined to participate or was unable to or refused to sign the document.

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

*See Attached*

*The administrator shall monitor and assure ongoing compliance.*

*M*  
 1/24/14

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *JMO Mattem*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JOAN MATTEA LPN Manager*      Date *11/20/14*

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

The above plan of correction is approved as of <u>12/4/14</u> (Date)	Plan of correction implementation status as of <u>12/4/14</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**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

**Description of violation**

The assessment and support plan completed on 1/17/14 for resident #4 is not signed by the resident. The assessment and support plan does not designate that the resident was unable to or declined to participate, or was unable to or refused to sign the document.

**Plan of Correction (POC)**

The assessment and support plan was amended immediately to designate why the resident was unable to sign.

All current resident assessment and support plans were audit immediately. No other omission of information was noted.

**Monitor compliance of this regulation:**

- Charge nurse will audit all resident assessment and support plans monthly for compliance.
- Results of audit will be reported and tracked through our Quarterly Quality Assurance program

*M*  
*2/11/14*