



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 14 2015

Ms. Wendy Peace, Owner/Administrator  
429 Union Street, P.O. Box 536  
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home  
License #: 406550

Dear Ms. Peace:

As a result of the Department of Human Services' licensing inspection on December 5, 2014 and December 11, 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 14, 2014 to December 14, 2015 was issued on August 22, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



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APR 20 2015

Violation Report: 40655 - 12/05/2014 - McConnell, Deb

PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's boiler did not have a current Certificate of Boiler or Pressure Vessel Operations from the PA Department of Labor and Industry. The certificate expired on 9/21/14.

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.

Somehow it was overlooked but from now on when Annual Audit and Quality Management is done by administrator that will be checked to see that it is current inspection has been done and copy of certificate is attached.

*Wendy J. Peace*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Wendy J. Peace* administrator

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

*Wendy J. Peace*

Date 3-31-15

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

The above plan of correction is approved as of

4-27-15  
(Date)

Plan of correction implementation status as of

4-27-15  
(Date)

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

The above plan of correction was approved by

*W*  
(initials)

RECEIVED

APR 20 2015

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, was admitted on 7/17/14. However, a resident-home contract was not completed until 7/30/14.

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.

I had an emergency placement from Area Agency On Aging that was placed here for a temporary placement on respite that ended up staying therefore I had not done a home contract due to person was not to be staying. So from now on I will do home contracts on everyone that comes even if it is just temporary.

Wendy Peace

4-16-15

Administrator will check all a residents records to be sure home contract is in place for each resident.

Wendy Peace

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

Signature of Legal Entity Representative  
Required on EVERY Page  
*Wendy J. Peace Administrator*

Printed Name and Title of Legal Entity Representative  
Required on EVERY Page  
*Wendy J. Peace*      Date *3-31-15*

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The above plan of correction is approved as of 4-27-15  
(Date)

Plan of correction implementation status as of 4-27-15  
(Date)

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

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

RECEIVED

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

APR 20 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home has not conducted a quality management review since October 2012.

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

Quality Management review was done on 12-12-14 and will be done every October to be sure things are being done and up to date. It was added to calendar to be sure it doesn't get missed. Things that will be sure to be checked will be

- Review Reportable incidents and condition reporting procedures
- Complaint procedures
- Staff training
- License violations and plans of corrections
- Residents and family councils.

Attached is a copy of 12-12-14 Quality Management Review

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace*      Date *4-15-15*

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

The above plan of correction is approved as of 4-27-15 (Date)

Plan of correction implementation status as of 4-27-15 (Date)

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

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

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE 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

On 12/11/14, at 10:25 a.m., a representative of the Department observed a home health agency staff person providing a physical exam of resident #2's legs for edema in the first floor common entrance/sitting 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.

All staff were educated on regulation 2600.42.S  
Administrator will monitor home weekly that resident  
privacy is provided in accordance with regulation  
2600.42.S attached is copy of Learning sheet.

Immediately - Any person not employed by the home, whom provides  
resident care services including medical procedures  
will be educated on the requirements of regulation  
2600.42(s) prior to providing services. 4-27-15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Peace administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Peace*      Date *4-16-15*

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(Date)

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(Initials)

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Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 8/18/14, provided unsupervised direct care on 8/20/14, on the 7 a.m.-7 p.m. shift. Staff person A did not have a criminal history background clearance completed until 8/28/14.

Direct care staff person B, hired 11/19/14, provided unsupervised direct care on 11/21/14, on the 3 p.m.-9:30 a.m. shift. Staff person B did not have a criminal history background clearance completed until 12/8/14.

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.

Staff person B stopped doing unsupervised care until background check was completed on 12-8-14 and no criminal offenses were found.

Administrator will check all staff charts to be sure all staff have background check with no criminal offenses

Administrator will also do Older Adult Protective Services Act training on line.

Attached is a copy of training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*      Date *4-16-15*

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The above plan of correction was approved by <u>J</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

Violation Report: 40555 - 12-05-2014 - McConne Det  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 11/21/14, from 3 p.m.-9:30 a.m., 16 residents were present in the home. During this time, staff person B was the only staff present; however, staff person B's certification in first aid, obstructed airway techniques and CPR expired September 2014.

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

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

Somehow CPR + First Aide got overlooked she had a class scheduled and could not go. and it got overlooked but was done on 12-8-14. Once realized she didn't have it could not return to work until she got it.

Attached is a copy of current CPR + First Aide.

4-16-15  
Administrator will be sure that when scheduling every month that at least one person is on duty that is CPR + First Aide trained, Administrator will be sure weekly to check hours worked to be sure that staff was trained in CPR + First Aide.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
Required on EVERY Page

Wendy J. Deane administrator

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

Wendy J. Deane

Date 3-31-15

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- Not Implemented

The date a plan of correction was approved by (initials)

WJ

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
 PCH Name: PEACE S PERSONAL CARE HOME

APR 20 2015

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 B, whose first day of work was 11/21/14, on the 3 p.m.- 9:30 a.m. shift, did not receive orientation training in any of the topics of 2600.65a until 12/8/14.

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.

Staff person B received orientation on 12-8-14 in general fire safety and emergency procedures.  
 Administrator will review all staff records to be sure all staff has orientation in general fire safety and emergency procedures.  
 Administrator will monitor all new staff to ensure they receive orientation in general fire safety and emergency procedures prior to or on the first day of work.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Wendy J. Deane* administrator

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

Wendy J. Deane

Date

4-16-15

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 (Date)

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

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- Not Implemented

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 8/18/14, began providing unsupervised ADL services on 8/20/14, on the 7 a.m. - 7 p.m. shift. However, staff person A did not successfully complete the Department-approved direct care training course and pass the competency test until 10/3/14.

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.

Administrator will review all direct care staff records to be sure all direct care staff will have completed requirements of Regulation 2600-65. Administrator will ensure that all direct care staff will complete training requirements of 2600-65d prior to providing any unsupervised care services.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Wendy J. Peace administrator

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

Wendy J. Peace

Date

4.16.15

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

The above plan of correction is approved as of

4-22-15  
(Date)

Plan of correction implementation status as of

4-22-15  
(Date)

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

The above plan of correction was approved by

W (Initials)

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C received only 2 hours of annual training in training year 2013.

Direct care staff person D received only 11 hours of annual training in training year 2013.

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 C received 18 hrs of training in 2014 because of only completing 2 hrs in 2013. 6 hrs went towards that so in 2015 staff person C will receive an additional 4 hrs training to make up those hours.

Staff person D received 14 hrs in 2014 and only received 11 hrs of training in 2013 therefore made up the hours that was required in 2013.

Administrator will review staff training hours in Quality Management Review to be sure all staff is receiving the required hrs and topics of training.

By 5-31-15 - The Administrator will review all direct care staff training records to ensure all direct care staff completed at least 12 hours of annual training during the 2014 training year. 4-27-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*      Date *4-16-15*

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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

APR 20 2015

Violation Report: 40655 - 12/05/2014 - McConnell, Deb

PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 D did not receive training in the following during training year 2013:

- \*Instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- \*Safe management techniques
- \*Care for residents with mental illness or mental retardation, or both

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 D received the following trainings <sup>Cited in violation</sup> in 2014. Administrator will review all staff training records to ensure all direct care staff receive direct care training in accordance with 2600-65F during 2014 training year.

Administrator will review all staff training during Quality Review to ensure all staff receive training in accordance to 2600-65F.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Wendy J. Doane administrator

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

Wendy J. Doane

Date

4-16-15

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4-27-15  
(Date)

Plan of correction implementation status as of 4-27-15  
(Date)

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

The above plan of correction was approved by

WJ  
(Initials)

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

APR 20 2015

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

Direct care staff persons C and D did not receive fire safety training by a fire safety expert or a staff person trained by a fire safety expert in training year 2013.

Direct care staff person D did not receive training in the following topics during training year 2013:

- \*Emergency preparedness procedures and recognition and response to crises and emergency situations
- \*Resident rights
- \*The Older Adult Protective Services Act
- \*Falls and accident prevention

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 Persons C + D received training on 12-8-14  
 Administrator will check all Staff training to ensure all  
 Staff received their required training in accordance with  
 2600-65g during 2014 training year  
 Administer also will review during Quality Management  
 review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Wendy J. Peace administrator

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

Wendy J. Peace

Date

4-16-15

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(Date)

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(Date)

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

- Fully Implemented
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- Not Implemented

APR 30 2015

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 12/5/14, the personal care complaint hotline number was not posted nearby the telephones in the staff office or the resident dining 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.

12-5-15- The personal care home complaint hotline telephone number was posted by the telephone in the dining room. 4-27-15  
Administrator will check all phones to be sure required phone numbers are posted.  
Checks will be completed weekly. 4-27-15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Deane Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Deane*      Date *4-16-15*

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(Initials)

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(Date)

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RECEIVED

APR 20 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION  
Resident bedroom #1 on the first floor has 2 residents and only 1 chair.

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.

Not sure where the 2nd chair went but on day of inspection one was put into the room. Staff was informed when residents rooms are cleaned weekly they are to be sure there is one chair for each resident in a room.

By 8-31-15 - A designated staff person will check resident rooms at least weekly to ensure there are the proper number of chairs, which meet the resident's needs, in accordance with regulation 2600.101(j)(2). 4.27.15

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

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(Required on EVERY Page) *Wendy J. Peace Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Peace*      Date *3-31-15*

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PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION  
On 12/5/14, the nearest operable smoke detector to resident bedroom #8 on the second floor was 17 feet away from the bedroom door.

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.

On 12-5-14 Smoke Detector was placed in hallway within 15 feet of bedroom # 8 .  
Also all battery operated smoke detectors will be checked monthly .

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Peace Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Wendy J. Peace*      Date *4-16-15*

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

The above plan of correction is approved as of 4-27-15  
(Date)

Plan of correction implementation status as of 4-27-15  
(Date)

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

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

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

APR 20 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Alternate exit routes were not used for the last 8 fire drills as follows:

Date	Time	Exit used
4/28/14	12:55 p.m.	Any exit
5/29/14	11:30 a.m.	Any exit
6/10/14	9:00 a.m.	Any exit
7/02/14	6:00 a.m.	Any exit
8/29/14	10:30 a.m.	Any exit
9/19/14	11:30 a.m.	Any exit
10/7/14	1:50 p.m.	Any route
11/18/14	11:35 a.m.	Any route

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.

Alternate Exits were used during fire drills however were not properly documented. Home is now documenting specific routes of Exits used during fire drills. Administrator will monitor fire drills monthly to be sure alternate fire exits are used.

Alternate exits were used during fire drills on: 12/18/14, 1/29/15, 2/10/15, 3/6/15 and 4/15/15. 4-27-15,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Wendy J. Peace* administrator

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

*Wendy J. Peace*

Date: 4-16-15

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

The above plan of correction is approved as of 4-27-15  
(Date)

Plan of correction implementation status as of 4-27-15  
(Date)

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

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

Violation Report: 40655 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

APR 20 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 7/5/14, for resident #1, does not address the resident's ability to self-administer medications.

The medical evaluation, dated 8/1/14, for resident #3, indicates "see attached list" for the medication list; however there is no attached list. According to the medication administration record, the resident is ordered medications, including Lorazepam.

The medical evaluation dated 8/1/14, for resident #4, indicates "see attached list" for a list of medications; however, there is no list attached. The resident is ordered multiple medications, including Clozapine and Abilify.

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 Medical Evaluation was updated.

Residents 3 + 4 Medical Evaluations Medication Lists were attached.

Administrator will review all Medical Evaluations to be sure all Medications are attached

Immediately - The review of medical evaluations will include reviewing the entire document for accuracy and complete from 4-27-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J Peace*      Date *4-16-15*

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

The above plan of correction is approved as of 4-27-15 (Date)

Plan of correction implementation status as of 4-27-15 (Date)

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

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

APR 20 2015

Violation Report: 40855 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The assessment, dated 6/6/14, for resident #5, does not address the resident's diagnoses of seizure disorder and tetralogy of fallot (a congenital heart defect), as indicated on the medical evaluation, dated 6/6/14.

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.

Resident #5 Assessment was updated. Administrator will review all current resident assessments for accuracy and completion. Administrator will monitor all resident assessments to be sure of accuracy on all new.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/28/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Henry J Peace administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Henry J Peace*      Date *4-15-15*

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

The above plan of correction is approved as of 4-27-15 (Date)

Plan of correction implementation status as of 4-27-15 (Date)

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

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

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APR 20 2015

Violation Report: 40555 - 12/05/2014 - McConnell, Deb  
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

On 12/5/14, the photographs in the records for resident #3, admitted on 12/7/09 and resident #4, admitted on 10/7/09 are not dated; therefore it cannot be determined if the photograph are no more than 2 years old.

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

All residents had new pictures posted to their charts in January 2015 and will have new ones posted by January 2017.

Wendy Dawn

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Wendy J. Dawn Administrator

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

Wendy J. Dawn

Date 3-31-15

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

The above plan of correction is approved as of 4-27-15  
(Date)

Plan of correction implementation status as of 4-27-15  
(Date)

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

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