



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]
MAILING DATE: January 14, 2015

Mr. Christopher S. Lehmann, Member
Plymouth Manor Personal Care Center, LLC
417 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Plymouth Manor Personal Care Center
120 Martz Manor
Plymouth, Pennsylvania 18651
License: #225871

Dear Mr. Lehmann:

As a result of the Department of Human Services' licensing inspection on December 12, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22587 - 12/12/2014 - Yeilenic, Cindy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1's, date of admission 8-14-14, medical evaluation was not completed and was not signed or dated by the physician.

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.

Violation 2600.141 (a) (1) An updated PmE signed and dated by Physician is put on resident record.

Administrator will do a resident record audit to check all resident PmE for info, dates & physician signatures

Resident Record Audit of all Residents to be completed by Feb 15, 2015.

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

Signature of Legal Entity Representative (Required on EVERY Page) Charlene R. Adamchick CNM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene R. Adamchick CNM Date 12-26-14

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

The above plan of correction is approved as of 1/13/15
(Date)

Plan of correction implementation status as of 1/13/15
(Date)

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

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

Violation Report: 22587 - 12/12/2014 - Yellenic, Cindy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 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 December MAR's from 12/1/14 to 12/11/14 for Residents #1, #2, #3, #4 have over 40+ medication administration times that have not been initiated. The home is not maintaining their MAR's.

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.

Violation - 2600.187(a) MAR's have been signed by PCA's (BE) (FW) who did not sign out meds given during date or dates 12-1-14 to 12-11-14. Corrections Made Res 1-2-3-4.

Training session with PCA's 12/19/14 2600.187(a) Importance of signing meds out, following 5 R's Administrator will monitor MAR's for initials and will periodically monitor med pass.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative (Required on EVERY Page) *Charles R. Adamchick LPA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charles R. Adamchick LPA* Date *12-26-14*

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The above plan of correction is approved as of 1/13/15 (Date)

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

Plan of correction implementation status as of 1/13/15 (Date)

- Fully implemented
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Violation Report: 22587 - 12/12/2014 - Yellenic, Cindy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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
 Resident #1's Resident Assessment and Support Plan was not signed or dated by Staff Person A, who developed the RASP.

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.

Violation 2600.27(g) Resident (LW) initial assessment/support plan was not signed by previous Administrator (MNY).

New assessment/support plan signed and dated by new Administrator Charlene Adamchick and resident (LW).

• Administrator will do a resident record audit to check all residents assessments/support plans for signatures.

Resident Record Audit of all Residents to be completed by Feb 15, 2015.

* The administrator shall monitor and assure ongoing compliance ^{MNY}

Repeat Violation: No Date(s) of Previous Violation(s): 1/13/15

Signature of Legal Entity Representative (Required on EVERY Page) Charlene A. Adamchick LPA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene B. Adamchick LPA Date 12-26-14

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

The above plan of correction is approved as of 1/13/15 (Date)

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

Plan of correction implementation status as of 1/13/15 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22587 - 12/12/2014 - Yellenic, Cindy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted on 8-14-14, did not sign or date their RASP. The home did not make a notation regarding the resident's inability or refusal to sign.

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

Violation 2600.27 (h) Resident (40) did not have signature on RASP or appropriate notation on why resident did not sign.

Administrator went over support plan with resident and completed together. Administrator and Resident signature on RASP.

Administrator will do a resident record audit to check residents RASPs for signatures and or proper notation as to why no signature by resident.

Resident Record Audit of all Residents to be completed by Feb 15, 2015.

The administrator shall monitor and assure ongoing compliance.

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|--|---------------------------|--|--|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | Charlene R. Adamchick LPA | | | |
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| | |
|---|----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Charlene R. Adamchick LPA | 12-26-14 |

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