



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to REBECCA S PERSONAL CARE HOME INC  
LEGAL ENTITY

To operate REBECCA'S AT EVERETT  
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 37  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 12, 2015 until June 12, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324070

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 12 2015

Mr. Dustin C, Miller, Owner  
Rebecca S Personal Care Home, Inc.  
118 Masters Avenue  
Everett, Pennsylvania 15537

RE: Rebecca's at Everett  
License #: 324070

Dear Mr. Miller:

As a result of the Department of Human Services' licensing inspection on January 7, 2015, January 8, 2015 and May 6, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones  
Director

CSH

Enclosures  
License  
License Inspection Summary

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

Page 1 of 19

PCH Name: REBECCA S AT EVERETT		License Number: 32407
Address: 118 MASTERS AVENUE, EVERETT, PA 15537		County: Bedford
Administrator: Terushia Jackson		Region: CENTRAL
Legal Entity Name: REBECCA S PERSONAL CARE HOME INC		
Legal Entity Address: 118 MASTERS AVENUE, EVERETT, PA 15537		
Certificate(s) of Occupancy C-2 LP 12/09/1996 L & I		
Staffing Hours Resident Support: n/a		Total Daily Staff: 23 Waking Staff: 17
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site .01/07/2015: McCloskey, Jason; Hoover, Douglas .01/08/2015: McCloskey, Jason; Hoover, Douglas		
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: 37 Number of Residents Served: 20 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: 3 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 19 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 3 Have a Physical Disability: 0

RECEIVED TIME APR. 6. 11:44AM

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

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  
 On 1/8/15, the home's current violation report was not posted in a conspicuous and public 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.

*This violation was corrected by posting the violation report from Sept 4th 2014 on the large cork board in the main entryway of the home after the inspection.*

*Terushia Jackson has posted this violation report from January 2015 on the large corkboard in the main entryway of the home.*

*Terushia Jackson will post most recent violation reports as soon as they arrive at the home.*

*The plan is to not have violations in the future but if there are violations they will be posted same day of arrival.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*      Date *3/16/15*

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

The above plan of correction is approved as of 4-23-15  
 (Date)

Plan of correction implementation status as of 5-6-15  
 (Date)

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

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

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. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff Person A, hired 11/7/14, did not have a criminal history background check requested until 1/6/15.

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 members will have a background check performed on the date of hire.

This will be done by Terushia Jackson, Administrator.

From now on [redacted] will provide a pre-paid debit card for said administrator to use at the time of hire. This will ensure that background checks are done right away.

This violation can not be corrected for this staff member because the statue of limitation has already past. A copy of this violation will be attached to the employees file for future inspections.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson, Administrator*      Date *3/16/15*

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

The above plan of correction is approved as of 4-23-15  
(Date)

Plan of correction implementation status as of 5-6-15  
(Date)

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

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 66 Pa.Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
The home did not have a criminal background check for Staff Person B, hired 11/13/14.

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.

A background check for Staff Person B has been done to remedy this violation. A copy will be sent with this form. - 3/19/15.

To prevent this from happening again, all staff members will have a background check done by Terushia Jackson on the same day as their hire date. If it is not submitted the person will not be able to be put on the schedule until it is performed.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/30/2014

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terushia Jackson, Administration      Date 3/19/15

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

The above plan of correction is approved as of	<u>4-23-15</u> (Date)	Plan of correction implementation status as of <u>5-6-15</u> (Date)
The above plan of correction was approved by	<u>SE</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: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600 60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 According to the Resident Assessment and Support Plan (RASP), Resident #1 requires assistance from two aides during transfers. The home routinely has one staff person scheduled during the 10 pm - 6 am shift.

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.

To meet the requirements of regulation 2600.60(a) we plan to increase our night shift staff to two staff members. Our plan is to have this completed by the end of May 2015, if not before then.

To prevent any problems in the future and for safety we will keep two staff members scheduled on night shift at all times. This will be scheduled by Terushia Jackson <sup>10 PM - 6 AM.</sup>

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson</i>	Date <i>5/7/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-14-15  
 (Date)

Plan of correction implementation status as of 5-14-15  
 (Date)

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

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
A doormat with a frayed, rolled-up edge was in front of the exit door leading to the courtyard. The rolled-up edge poses a tripping hazard to anyone attempting to exit the building.

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

The doormat mentioned above has been removed from the home and thrown in the dumpster.

This was done by [REDACTED]

We will not have a door mat at that exit door at all.

In the future, if we decide to place door mats they will be the mats with the weighted edges. This will prevent a tripping hazard.

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)

Jerushia Jackson

Date 3/16/15

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The above plan of correction is approved as of

4-23-15  
(Date)

Plan of correction implementation status as of

5-6-15  
(Date)

The above plan of correction was approved by

[Initials]  
(Initials)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason PCH Name: REBECCA S AT EVERETT	
1. REGULATION 55 Pa.Code §2600 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	
2a. DESCRIPTION OF VIOLATION On 1/8/15, the sidewalk and driveway which lead from the back of the home to the designated meeting area at the front of the home was covered in a layer of packed snow and ice.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>At the time of the inspection, snow and ice was removed and salted. We ran out of salt and had to go buy more. This was explained to the inspectors.</p> <p>[REDACTED] immediately went out to the store and purchased salt to clear the sidewalk and driveway that day.</p> <p>To prevent this in the future, extra salt is kept in the home. Snow shovels are placed at varying locations around the home during the winter season.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tecushia Jackson, Administrator</i>	Date <i>3/16/15</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4-23-15</u> (Date)	Plan of correction implementation status as of <u>5-6-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION  
There is no mirror in the bedroom of Resident #4.

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.

A mirror has been provided for Resident #4 as of January 2015. It was hung inside of [redacted] bedroom.

This was installed by [redacted]

All resident's rooms will be inspected monthly by Terushia Jackson to ensure that they are clean, free of clutter, and have all furniture required by the state codes.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terushia Jackson, Administration* Date *3/16/15*

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

The above plan of correction is approved as of	<u>4-23-15</u> (Date)	Plan of correction implementation status as of <u>4-23-15</u> (Date)
The above plan of correction was approved by	<u>JE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2606  
 2606.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
 On 1/8/15, the home had 20 residents but only 5 gallons of emergency drinking water.

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.

To meet the requirements of code 2606.107(c) the home has purchased a shipment of 72 gallons of water to keep on site for emergencies. Each shipment will come from Rearing Springs Water every 2 years and water will be added with any new resident.

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) <i>Terushia Jackson</i>	Date <i>5/7/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-12-15  
 (Date)

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

Plan of correction implementation status as of 5-12-15  
 (Date)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT.

1. REGULATION 55 Pa.Code §2600  
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
The home's written emergency procedures have not been submitted to the local emergency management agency since 9/20/10.

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

The home's written emergency procedures was submitted to the Bedford County Emergency Management Agency in February 2015. This was performed by [redacted] (3-25-15) - BE. [redacted] is the lead in the Bedford County EMA.  
To ensure compliance in the future, we will have the procedures submitted every January to the Bedford EMA

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson*      Date *3/18/15*

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The above plan of correction was approved by BE (Initials)  
Plan of correction implementation status as of 5-12-15 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures are not posted in a conspicuous and public 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.

Our emergency policies and procedures binder has been relocated to the main common area. In this location it is available to all staff, residents, and visitors of the home.

To prevent this from happening again, the binder has been placed on top of a bookshelf in plain view of anyone in the home. A note is on it stating it is to be returned to the bookshelf after use.

This was performed by Terushia Jackson on 1/10/15.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson, Admin*      Date *3/18/15*

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The above plan of correction was approved by	<u>BE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION  
On 1/8/15, a can of "Great Stuff" insulating foam sealant was unlocked and accessible to residents in the closet in the secondary dining room / lounge. The can stated, "Danger, Flammable. Vapor may cause flash fire."

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.

A new doorknob was placed on the closet that contained the insulating sealant. The door is kept locked at all times, with a key for entry kept in the locked kitchen. This was done in February 2015, by [REDACTED]

At the time of the violation, the sealant was moved to a locked closet.

All combustible materials will be locked & inaccessible to residents. Administrator or designee will monitor weekly. -BE

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson, Admin*      Date *3/17/15*

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The above plan of correction was approved by	<u>BE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 65 Pa.Code §2600  
2600.133(a)(3) - If the home serves nine or more residents, exit signs must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION  
The letters on the exit signs over the exit doors leading from the Clinger wing into the main lounge and at both ends of the Ritchey hallway are 4" tall. The home currently serves 20 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.

New exit signs were purchased on 1/8/15 and attached above all exit doors.

To prevent this from occurring again, any exit sign purchased for the home will be measured to ensure that they are Four inches tall.

This was performed by [Redacted]

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) *Terushia Jackson Admin*      Date *3/18/15*

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(Date)

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

Plan of correction implementation status as of 5-6-15  
(Date)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2500  
 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  
 Resident #6 is prescribed Antivert 12.5 mg, 1 tab 3 times daily as needed for dizziness. 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.

To meet the requirements of 2600, we have implemented in the medication policy that all Non VA meds must be ordered when there are 3 or 4 days of medication left in the home. All Veteran Affairs medications must be ordered one month ahead of time. We have also created a new position, Resident Care Director Supervisor, This person is responsible for making sure all medications are present in the home and that the medications and logs are compliant with the state regulations. This position is currently held by [REDACTED]. All Resident Care Directors are responsible for making sure resident medications are ordered in a timely manner and per policy.  
 Identified medication for Resident #6 was delivered to home by Lowers Pharmacy on 1/17/15. -~~2~~

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/04/2014
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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) <i>Terushia Jackson</i>	Date <i>5/7/15</i>
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 (Date)

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

Plan of correction implementation status as of 5-12-15  
 (Date)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
 PCH Name: REBECCA S AT EVERETT

**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**

Staff Person B administered medications on 1/1/15, 1/2/15 and 1/6/15 and did not sign the medication administration record's signature key.

**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.

*To meet the requirements of code 2600-187(a) a new signature key was made on January 7<sup>th</sup> 2015.*

*To prevent this violation in the future weekly checks will be made by the Care Staff Supervisor to ensure that the signature key is up to date and correctly completed.*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lerushia Jackson</i>		Date <i>5/7/15</i>

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

The above plan of correction is approved as of 5-12-15  
(Date)

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

Plan of correction implementation status as of 5-6-15  
(Date)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA SAT EVERETT

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

2a. DESCRIPTION OF VIOLATION  
- Metoprolol 25 mg tablet, 1 tablet 2 times daily for Resident #7, was not given on 11/16/14 at 5:00 pm.  
- Acetaminophen 500 mg capsule, to be given to Resident #6 every 6 hours as needed, was given on 11/16/14 at 5:00 pm and again at 8:30 pm.  
- Hydroxyzine HCL 25 mg tablet, 3 tablets to be given 2 times daily, was not given to Resident #4 from 1/1/15 through 1/7/15.  
- Gabapentin 300 mg capsule, to be given 3 times daily for Resident #8, was not given on 11/4/14 at 3:00 pm.

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.

There is no way to go back and readminister the medication. We did put in place a new position at Rebecca's. This is a Care Staff Supervisor. This position is held by [redacted]. This was put in place on 1-19-15 by Terushia Jackson. This person will be in charge of making sure all medication are present in the home. All residents were informed that if mail order medication is not present when the resident runs out, the home will order it from our pharmacy at the expense of the resident.

A copy of the Care Staff supervisor job description is attached to this form along with the required weekly checklist.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/04/2014

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Terushia Jackson*      Date *3/18/15*

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

The above plan of correction is approved as of 4-23-15 (Date)      Plan of correction implementation status as of 5-6-15 (Date)

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

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason  
PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa. Code §2600  
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The home does not have a current weekly activity calendar posted in a public and 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.

The activity schedule was updated on 1-8-15 by Terushia Jackson. To keep this calendar up to date, on the last week of every month, Terushia Jackson will change the activity calendar over to the next month leaving the last week of the previous month on there. This will ensure that the calendar is always current in the future.

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) *Terushia Jackson*      Date *3/17/15*

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

The above plan of correction is approved as of 4-23-15  
(Date)

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

Plan of correction implementation status as of 5-6-15  
(Date)

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

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason PCH Name: REBECCA S AT EVERETT	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The pre-admission screening form for Resident #7 admitted 10/28/14, is undated and unsigned by a representative of 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.	
<p>The pre-admission screening form for Resident #7 was signed and dated on 1/9/15.</p> <p>Terushia Jackson will go through the pre-screening form at the time of the screening to ensure everything is filled out and signed and dated before leaving the prescreening appointment.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terushia Jackson	Date 3-18-15
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4-23-15</u> (Date)	Plan of correction implementation status as of <u>5-6-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED TIME APR. 6. 11:44AM

Violation Report: 32407 - 01/07/2015 - McCloskey, Jason

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for Residents #2, 4, 9, 10, 11, 12 and 13 have photographs that were more than two 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.

To meet the requirements of regulation 2600.252 all the residents of the home had their photographs taken in January 2015 and was updated in their transfer sheet. This was performed by Terushia Jackson.

To prevent this from occurring in the future All residents will have their photograph taken annually. This will be conducted by Terushia Jackson every January

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) Terushia Jackson	Date 5/9/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-12-15</u> (Date)	Plan of correction implementation status as of <u>5-6-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented