



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ANGELS FAMILY MANOR PERSONAL CARE HOME INC
LEGAL ENTITY

To operate ANGEL'S FAMILY MANOR PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 218 NORTH MAIN AVENUE, SCRANTON, PA 18504
(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 53
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 April 21, 2015 until October 21, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210622

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 22 2015

Mr. Frank Minelli, Owner
Angels Family Manor Personal Care Home, Inc.
218 North Main Avenue
Scranton, Pennsylvania 18504

RE: Angel's Family Manor Personal Care Home
License #: 210622

Dear Mr. Minelli:

As a result of the Department of Human Services' (Department) licensing inspection on January 14, 2015, January 21, 2015, February 3, 2015 and February 26, 2015 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187a	II	53	\$5	\$265	5 calendar days from mailing date of this letter
187d	II	53	\$5	\$265	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: ANGEL'S FAMILY MANOR		License Number: 21062
Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18501		County: Lackawanna
Administrator: FRANK MANNELLI		Region: NORTHEAST
Legal Entity Name: ANGEL'S FAMILY MANOR INC		
Legal Entity Address: 218 NORTH MAIN AVENUE, SCRANTON, PA 18501		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/14/2015: OHaire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
01/15/2015: OHaire, Anne		
01/20/2015: OHaire, Anne		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 53 Number of Residents Served: 53 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: 0		Number of Residents who: Receive Supplemental Security Income: 46 Are 60 Years of Age or Older: 23 Have Mental Illness: 34 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 21062 - 01/14/2015 - O'Haire, Anne
PCH Name: ANGEL'S FAMILY MANOR

1. REGULATION 55 Pa.Code §2800
2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
The home did not seek immediate medical care when resident #1 reported to staff that they had complaints of weakness. Resident #2 reported that on 1-10-15 at approximately 3:00am and again at 1:00 pm they witnessed resident #1 reporting to staff that they had complaints of weakness. The home did not follow up with resident #1's primary physician for direction and later this date this resident became unresponsive and hospitalized with diagnosis of coma, sepsis, fever hypothermia, and hyperthyroidism.

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.

Admin had spoken to staff that was on duty at time of resident #1 hospitalization and staff said as soon as they talked to resident #1 they called ambulance and sent her to Hospital. Resident #2 also told Admin and staff [redacted] that when staff [redacted] was told by resident #1 she didn't feel well staff [redacted] was already calling the ambulance. Resident #1 went to Hospital the evening of 1-10-15.
In the future all staff do and always did send residents to Hospital when not feeling well.

The administrator is responsible for monitoring and ongoing compliance. m 3/27/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) FRANK Minelli Date 4/1/15

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

The above plan of correction is approved as of 3/27/15 (Date)

Plan of correction implementation status as of 3/27/15 (Date)

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

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

Violation Report: 21062 - 01/14/2015 - O'Haire, Anne
PCH Name: ANGEL'S FAMILY MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #1's MAR's reflect that they were receiving Tapazole 10mg tab, to be taken by mouth 1 tab 2 times a day for Hyperthyroidism. This diagnosis for treatment of Hyperthyroidism is not stated on the resident DME dated 08-21-14 or RASP dated 08-20-2014.

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.

The diagnosis for treatment for Hyperthyroidism was not on the RASP because it is not listed on M.A.R. or DME by doctor or Pharmacy. In the future if a resident has medication they take Admin and Supervisor will insure they talk to doctor and pharmacy about the diagnosis.

The administrator shall monitor and assure ongoing compliance -
m 3/27/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Frank Minelli

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

FRANK Minelli

Date

4/1/15

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

The above plan of correction is approved as of

3/27/15
(Date)

Plan of correction implementation status as of

3/27/15
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 21052 - 01/14/2015 - O'Haire, Anne
PCH Name: ANGEL'S FAMILY MANOR

1. REGULATION 55 Pa.Code §2600

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

2a. DESCRIPTION OF VIOLATION

Resident #1's MAR's, emergency transfer sheet and DME dated 8-21-14, did not have a diagnosis of Hyperthyroidism. This resident was receiving medication for hyperthyroidism but is not indicated on their medical evaluation or emergency health information. On 1-10-15, this resident became unresponsive and hospitalized with diagnosis of coma, sepsis, sever hypothermia, and hyperthyroidism.


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.

Diagnosis was not listed on MAR, from Pharmacy or DME from doctor.
 In the future Admin and supervisor will check meds for diagnosis on MAR to insure all diagnosis are listed per meds, and properly on MAR DME, Rasp, and transfer sheet. And will call Doctor for proper diagnosis.
 The administrator shall monitor for ongoing compliance per 3/27/15

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
FRANK MINELLI	Date 4/1/15

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

The above plan of correction is approved as of 3/27/15 (Date)	Plan of correction implementation status as of 3/27/15 (Date)
The above plan of correction was approved by  (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: 21062 - 01/21/2015 - Patton, Leslie PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME	
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 1/21/2015 at approximately 9:15am, the home did not have posted the current License Inspection Summaries (LIS) for the previous year. The most current LIS that was posted was dated 01/28/2013. No LIS for the year 2014 was present.	
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><i>The home has placed the current License Inspection Summaries at time of inspection. In the future Adm, supervisor will insure proper summaries are replace</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Frank Minelli</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Frank Minelli</i>	Date <i>2/26/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>LP</i> <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 As of 2/3/15, resident #1 has \$215.00 yet the home incorrectly maintained the resident's financial records which indicate the resident has a remaining balance of \$205.00 as of 2/3/15.

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.

Resident #1 had 10.00 extra in his account because Adm had lent him 10.00 in the past and mem took it back. Adm had explained this to resident and resident was given the extra 10.00. In the future the Adm, a Supervisor will insure all monies are correct.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

The above plan of correction is approved as of 3/18/15
 (Date)

Plan of correction implementation status as of 3/27/15
 (Date)

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

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(6) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 Staff person "A," who is the home's administrator, stated the home has never completed a quarterly financial summary for resident #1 (admitted 11/1/07) and resident #2 who was admitted to the home 11/13/13.

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 does have prior quarterly financial summaries completed, but 2014 was not completed. Financial quarterly are now furnished for resident #1 and #2. In the future Adm, and supervisor will insure financial quarterly statements are complete for all residents as needed

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Maxwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Maxwell* Date *2/26/15*

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The above plan of correction is approved as of 3/18/15 (Date)
 The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 3/27/15 (Date)

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

2a. DESCRIPTION OF VIOLATION
The contract of resident #3 (dated 8/26/14) does not indicate the home takes a portion of the annual Rent Rebate.

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.

Adm, went ^{over} paper work for Rent Rebate with resident, and proper box was checked in the future Adm, and supervisor will ensure all paper are complete.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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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 <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was discharged from the home on 10/10/14. The resident is owed a refund from 10/11/14- 10/31/14 totaling approximately \$741.72 which was not provided to 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.

Adm has talked to Advisory Alliance [redacted] who told him to call funeral home [redacted] to give them the refund. Adm had called [redacted] owner to give him a refund of \$741.72 for 21 days at 35.32 per day. In the future Adm will insure refunds are given in the proper time.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FRANK MINELLI* Date *2/26/15*

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The above plan of correction is approved as of <u>3/19/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 The home has 53 residents. The home is required to have 53 hours of direct care staffing hours for the residents in the home. On 1/11/2015 and 01/18/2015 the home only had a total of 45 hours.

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 has 53 residents
 is 39.75 (53 x 7.5) = 39.75 hrs with would
 mean the home has ~~45~~ ^{was short} hours. 9.75 short
 In the future Adm, a supervisor
 will insure the home has the proper hours
 per resident*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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The above plan of correction is approved as of <u>3/18/15</u> (Date) The above plan of correction was approved by <u><i>m</i></u> (Initials)	Plan of correction implementation status as of <u>3/27/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 The home has 53 residents and was required to have 39.75 waking hours of direct care staff hours for their residents. On 1/11/2015 and 1/18/2015 the home only had 30 waking- hours for both days.

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 was short 9.75 hrs at the time of inspection. In the future Admin & supervisor will ensure the proper amount of hours is correct according to the number of residents

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 The home's administrator, staff person "A," had 23 hours of the required 24 hours of annual training for the 2014 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.

The adm will receive training in March 2015 and will have 1 hour for 2014. In the future adm will ensure the proper hours of training are finished.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/15/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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
 The following staff did not have 12 hours of annual training completed for the training year January 1, 2014 thru December 31, 2014. Staff person "B" (hired 04/20/12) had 6 hours; staff person "C" (hired 12/16/12) had 4 hours; staff person "D" (hired 06/26/12) had 6 hours; staff person "E" (hired 09/16/13) had 4 hours; and staff person "F" (hired 09/08/05) had 6 hours of annual training.

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 are advised they must make all training classes. In the future Adm and supervisor will insure all staff will have the proper hours of training per year. Staff will make up 2014 hours and they will be sent in as they are made up.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Maxwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Maxwell* Date *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 The 3rd floor laundry room had a blue water pitcher containing a blue liquid substance that did not have a manufacture's label on it.

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.

Washing machine detergent pump was not working properly, at this time, it has been fixed. Staff were told they can not put detergent in pitcher. In the future supervisor and house keepers will insure detergent is in proper containers.

The administrator shall monitor and assure that all poisonous materials are stored in their original, labeled container.

m
 3/18/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</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 <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21082 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 The 3rd floor storage room was unlocked and contained the following cleaning supplies that were marked, "seek immediate medical treatment if swallowed."
 2 gallons of "A" brand Bleach
 (3) 5 gallon containers of "Ultra-Flush" brand toilet cleaner
 (4) 1/2 gallons of "Sanibe" brand sanitizer
 (1) 256 ounce container of Betco" brand degreaser cleaner.

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 and house keepers were informed door must be locked at all times in the future supervision and house keepers will insure all doors are locked at all times

The administrator shall monitor and assure ongoing compliance.

m
 3/18/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

The above plan of correction is approved as of 3/18/15 (Date) Plan of correction implementation status as of 3/27/15 (Date)

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

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The "GE" brand washer on the 3rd floor had a black, dirty surface on the rubber rim, on the top of the inside surface, of the drum of the washer.

9 residents of the home were determined to be accucheck dependent. Of those residents, resident #3 was diagnosed with Hepatitis B on 1/4/14. Based upon staff interviews and a review of the home's medication cart, it was determined that all 9 residents have their own glucometer machine which should only be used for the individual the machine belongs to.

By reviewing the readings in the glucometer machine belonging to resident #3 and documentation on the resident's Medication Administration Record (MAR) it was determined that the glucometer machine belonging to resident #3 was used to measure the blood sugar level of the following residents on the stated dates and time:

1/6/15; 3:12pm resident #5

1/7/15; 5:11am resident #5, 5:18am resident #6, 5:23am resident #7 and 5:36am resident #2

1/8/15; 3:16pm resident #6

1/9/15; 6:08am resident #8

1/13/15; 7:21am resident #9, 3:13pm resident #5, and 3:40pm and resident #6

1/14/15; 5:36am resident #6, 7:18am resident #9, 3:42pm resident #6, and 4:15pm resident #2

1/15/15; 5:29am resident #5, 6:12am resident #2, 7:19am resident #9, 3:23pm resident #5 and 3:44pm resident #6

1/16/15; 5:11am resident #7, 5:15am resident #6, 5:49am resident #2, 5:54am resident #10, 5:59am resident #5, 6:44am resident #8,

7:17am resident #9, 3:23pm resident #5, and 4:27pm resident #2

1/17/15; 5:41am resident #5, 5:44am resident #6, 6:11am resident #10, 7:15am resident #2, 7:20am resident #8, 7:26am resident #9,

7:35am resident #7, and 3:25pm resident #5

1/18/15; 5:55am resident #6, 6:02am resident #10, 6:08am resident #8, 6:27am, resident #6, 6:40am resident #2, 3:18pm resident #5, and 3:32pm resident #6

1/19/15; 5:29am resident #5, 5:32am resident #6, 5:53am resident #2, 6:06am resident #10, 7:16am resident #9, 2:53pm resident #5, 3:35pm resident #6, 4:12pm resident #10, and 4:26pm resident #2

1/20/15; 5:08am resident #6, 5:16am resident #7, 5:24am resident #5, 5:53am resident #10, 3:12am resident #5, 3:29pm resident #6, 3:59pm resident #10, and 4:20pm resident #2

1/21/15; 5:33am resident #6, 5:40am resident #2, 6:08am resident #10, and 6:43am resident #8

By reviewing the readings in the glucometer machine belonging to resident #6 and documentation on the resident's MAR, it was determined that the glucometer machine belonging to resident #6 was used to measure the blood sugar level of the following residents on the stated dates and time:

1/5/15; 11:38am, resident #3, 5:15pm resident #3 and 9:10pm resident #3

1/6/15; 5:56am resident #8, 6:48am resident #3, 7:29am resident #9, 4:51pm resident #3

1/7/15; 7:29am resident #9, 3:43pm resident #5, 5:21pm resident #2, and 9:14pm resident #3

By reviewing the readings in the glucometer machine belonging to resident #11 and documentation on the resident's MAR, it was determined that the glucometer machine belonging to resident #11 was used to measure the blood sugar level of the following residents on the stated dates and time:

1/4/15; 5:05am resident #5, 5:41am resident #7, 5:50am resident #2, 5:58am resident #8, 7:14am resident #9, 3:06pm resident #5, 3:26pm resident #6, 3:38am resident #9, 3:55pm resident #2, and 4:51pm resident #3

1/5/15; 5:37am resident #6, 5:40am resident #5, 5:52am resident #2, 7:02am resident #8, 3:29pm resident #5

1/8/15; 5:32am resident #5, 5:52am resident #8

1/9/15; 11:25am resident #3, 3:13pm resident #5, and 3:35pm resident #3

1/10/15; 5:05am resident #5, 5:15am resident #5, 5:26am resident #9, 5:57am resident #2

By reviewing the readings in the glucometer machine belonging to resident #3 and documentation on the resident's MAR, it was determined that the glucometer machine belonging to resident #8 was used to measure the blood sugar level of resident #9 on 1/9/15 at 11:13am and 1/20/15 and 11:14am.

By reviewing the readings in the glucometer machine belonging to resident #9 and documentation on the resident's MAR, it was determined that the glucometer machine belonging to resident #9 was used to measure the blood sugar level of resident #2 on 1/5/15 at 4:39pm.

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

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.

Housekeepers were informed of washing machine dirt and it was cleaned at times of inspection. In the future, supervision and housekeepers will insure washing machine are kept clean at all times.

All residents with accrued dependent have new glucometers, and staff were re-trained in use of glucometer is for that person only. Glucometer have resident picture and name on them, resident are shown the glucometer to insure it is their own. We are working with the board of health to keep this in controll. In the future, admin, supervision, will insure all glucometer are used properly and all readings are correct for each resident.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/24/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date) The above plan of correction was approved by <u>m</u> (Initials)	Plan of correction implementation status as of <u>3/27/15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>JH/LP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The home had hot water temperature readings that were above 120 in the following bathrooms. Bathroom near room #205A had a temperature of 141°F and the bathroom near bedroom 303 had a reading of 163°F.

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 hot water was turned down and checked and was down to 117°
 In the future supervisor and maintenance person will ensure hot water temp and at the right degree.*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JH</i> <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The interior overhead light located outside of room 205, bedroom area, was inoperable.

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.

*Electrician was called out and
 light outside room 205 is working properly
 In future maintenance person
 will insure all lights are working
 properly.*

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) *Frank Minelli* Date *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JH</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit located in the first floor medication room did not contain 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.

A thermometer was placed in first aid kit at time of inspection. In the future Adm and supervisor will ensure proper equipment is in first aid kit.

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) *FRANK MINELLI* Date *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JH</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR 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
 Room 301c had 2 residents and only on one 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.

*At time of inspection another chair was placed in room 301c.
 In the future supervisor and house keeper will insure each resident a room will have a chair.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Maxwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK Maxwell* Date *2/26/15*

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

The above plan of correction is approved as of 3/18/15 (Date)
 The above plan of correction was approved by m (Initials)

Plan of correction implementation status as of 3/27/15 (Date)

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Room #303 had 3 residents and the bed nearest to the door had no bedside lamp.
 Room 203a had 3 residents and the bed nearest to the window did not have a lamp.

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.

At the time of inspection lamps were put in place in room #203a and #303. In the future housekeepers and supervisor will insure all residents per room have a lamp.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/15/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Frank Minelli

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

Frank Minelli

Date 3/26/15

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

The above plan of correction is approved as of	3/18/15 (Date)	Plan of correction implementation status as of	3/27/15 (Date)
The above plan of correction was approved by	<i>M</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's current letter to the local fire department (dated 10/25/07) does not specify that the home provides services to an individual who is blind and therefore is a resident with mobility needs and would require additional assistance in the event of an emergency evacuation. The home must submit an updated letter to the local fire department.

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

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

A new letter to the fire company was sent to inform them of the blind resident Roger Lysak. In the future Adm & Supervisor will insure a new letter to fire department will be sent if there are any changes

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **FRANK MINELLI** Date **3/1/15**

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

The above plan of correction is approved as of 3/18/15
 (Date)

Plan of correction implementation status as of 3/27/15
 (Date)

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

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located in the home's dining room was last inspected November 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.

The fire extinguisher inspection person was called on day of inspection and we were (Adm) when he inspected other extinguisher a couple of days earlier he ran out of parts. Inspector & come out next day and finished inspection. In the future Adm and supervisor will make fire extinguisher all inspected properly and on time.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date: *2/26/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented LP <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21082 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 The home's fire safety expert, in a letter dated 7/16/14, designates a safe evacuation time of 10 minutes and 0 seconds. During the supervised fire drill conducted by the fire safety expert on 7/16/14 the home's evacuation time was 13 minutes and 20 seconds.

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 has been working with staff to insure resident are evacuated in the proper amount of time.
 In the future Admin & Supervisor will insure fire evacuation time is under the fire inspector safety expert evacuation time.*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Frank Minelli* Date *3/3/15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 Novolog insulin prescribed to resident #5 was not dated when opened per the home's policy. It is the home's policy that all narcotic medication be counted by two staff persons at the beginning and end of each shift. Multiple packages of "overflow" PRN narcotics are stored in a cabinet in the medication room until they are needed for use. Staff person "G" stated these narcotics are not counted as required per the home's policy.

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 forgot to put dates on insulin at the time of opening it. Adm went over rules with staff on marking dates upon opening insulin. In the future Adm & Med supervisor will ensure all insulin is marked and properly dated at time of opening.

Narcotics at time of inspection were not counted by two staff because the narcotics just came in and weren't logged in and put in place staff person G said. In the future Med supervisor will ensure narcotics are properly counted and in place.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Frank Minelli* Date *3-3-15*

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

The above plan of correction is approved as of <u>3/18/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

ok Resident #5 is prescribed Claritin 10mg to be administered daily at 8:00am. The staff did not sign or initial the MAR of resident #5 to indicate Claritin 10mg was administered at 8:00am on 1/2/15, 1/6/15- 1/9/15 and 1/11/15- 1/21/15.

ok Resident #8 was prescribed Lantus insulin 35 units to be administered daily at 8:00pm. On 12/27/14, the order was increased to 40 units daily at 8:00pm. The home did not properly maintain the resident's MAR resulting in both orders being present on the resident's MAR.

ok Resident #12 was prescribed Divalproex ER 1,000mg daily at 8:00pm. The dose was increased on 1/7/15 to 1,250mg daily at 8:00pm. The home did not properly maintain the resident's MAR resulting in both orders being present on the resident's MAR.

Resident #11 is ordered to have accucheck readings completed weekly as needed. The home did not properly maintain the resident's MAR and crossed-off the order on the resident's MAR.

On 1/9/15 resident #2 was prescribed 10 units of Novolog insulin to be administered before each meal. The home did not properly maintain the resident's MAR and crossed-off the order on the resident's MAR.

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 violations were corrected and all med techs were returned with a class on documentation. In the future when a qual supervisor will insure MAR's are properly documented.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/15/2014 2/26/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **FRANK MINICH** Date **3-3-15**

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

The above plan of correction is approved as of 3/18/15 (Date) Plan of correction implementation status as of 3/27/15 (Date)

- The above plan of correction was approved by [Signature] (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress **UP**
 - Not Implemented

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Staff were returned in the proper way to mark and complete MARs for Resident # 5. In the future Med supervision will insure MARs are properly maintained.

Resident # 6 MARs were corrected and are complete. In the future Med supervision will insure MARs are properly maintained. Staff were returned on properly maintaining MARs.

Resident # 2 MAR were corrected and are complete. In the future Med supervision will insure MARs are properly maintained. Staff were returned on properly maintaining MARs.

Resident # 11 MAR were corrected and are complete. In the future Med supervision will insure MARs are properly maintained. Staff were returned on properly maintaining MARs.

Resident # 2 MARs were corrected and are complete. In the future Med supervision will insure MARs are properly maintained. Staff were returned on properly maintaining MARs.


 3/18/15

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

Resident #12 was prescribed Divalproex ER 1,000mg daily at 8:00pm. The dose was increased on 1/7/15 to 1,250mg daily at 8:00pm. The home did not follow the prescriber's orders and administered only 1,000mg on 1/7/15, 1/8/15, 1/10/15, 1/11/15, 1/13/15- 1/18/15, and 1/18/15- 1/20/15. The home also incorrectly administered 2,250mg at 8:00pm on 1/9/15, 1/12/15, and 1/17/15.

Resident #5 is prescribed sliding scale insulin coverage to be administered at 8:00am and 4:00pm as needed based upon accucheck readings. On the following dates and times, staff failed to administer the indicated additional units of insulin based upon the resident's blood sugar level:

1/16/15- 4 units at 4:00pm

1/7/15- 2 units at 8:00am and 4 units at 4:00pm

1/8/15- 2 units at 4:00pm

1/9/14- 2 units at 4:00pm

1/10/15- 2 units at 4:00pm

1/13/15- 2 units at 4:00pm

1/14/15- 2 units at 4:00pm

1/16/15- 4 units at 8:00am and 2 units at 4:00pm

1/19/15- 4 units at 4:00pm

1/20/15- 2 units at 8:00am

Resident #6 was prescribed Lantus insulin 35 units to be administered daily at 8:00pm. On 12/27/14, the order was increased to 40 units daily at 8:00pm. Due to the home not properly maintaining the resident's MAR, the order for Lantus 35 units was not removed from the MAR. Staff signed the resident's MAR on 1/1/15- 1/15/15 indicating both Lantus 40 units and Lantus 35 units was administered at 8:00pm.

On 1/9/15 resident #2 was prescribed 10 units of Novolog insulin to be administered before each meal in addition to 20 units of Novolog quick pen to be administered at 7:00am and 15 units at 4:30pm. Due to the home not properly maintaining the resident's MAR, the resident received 17 units of Novolog before each meal on 1/9/15- 1/12/15. In addition, from 1/13/15- 1/31/15 the resident did not receive 10 units before each meal as prescribed.

The following residents are ordered by the prescribing physician to have blood sugar readings conducted daily at the stated times. A review of the resident's glucometer machine indicates the prescriber's orders are not being followed as evidence of the blood sugar readings not being conducted at the correct times:

Resident #7, twice daily at 8:00am and 4:00pm:

1/4/15 at 5:41am, 1/7/15 at 5:23am, 1/10/15 at 5:25am, 1/16/15 5:11am, and 1/20/15 at 5:16am

Resident #9, twice daily at 8:00am and 4:00pm:

1/9/15 at 11:13am and 1/20/15 at 11:40am

Resident #3, 4 times daily at 6:am, 12:00pm, 4:00pm and 8:00pm:

1/5/15 at 5:15am and 1/7/15 at 9:14pm

Resident #2, twice daily at 8:00am and 4:00pm:

1/4/15 at 5:50am, 1/5/15 at 5:53am, 1/7/15 at 5:36am, 1/7/15 at 5:21pm, 1/10/15 5:57am, 1/15/15 at 6:12am, 1/16/15 at 5:49am, 1/18/15 at 6:40am, 1/19/15 at 5:53am, and 1/21/15 at 5:40am

Resident #8, twice daily at 8:00am and 4:00pm:

1/4/15 at 5:58am, 1/6/15 at 5:58am, 1/8/15 at 5:52am, 1/16/15 6:44am, 1/18/15 at 6:08am, and 1/21/15 6:43am

Resident #5, twice daily at 8:00am and 4:00pm:

1/4/15 at 5:05am, 1/5/15 at 5:40am, 1/7/15 at 5:11am, 1/10/15 at 5:51am, 1/15/15 at 5:29am, 1/16/15 at 5:59am, 1/17/15 at 5:41am, 1/18/15 6:27am, 1/19/15 at 5:29am and 2/5/15 at 2:53pm, and 1/20/15 at 5:24pm

The MAR documentation completed by staff was compared to the stated resident's glucometer machine as well as the machine of 8 other residents. It was determined that the documentation on the MAR did not match the stated resident's glucometer machine or the glucometer machine of 8 other residents who are accucheck dependent and therefore, it was determined that a blood sugar reading

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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

was not conducted on the stated dates and times for the indicated individual as ordered by the physician:

Resident #5:
 8:00am- 1/1/15, 1/3/15, 1/6/15, 1/8/15, 1/9/15, 1/11/15- 1/14/15 and 1/21/15.
 4:00pm- 1/1/15- 1/3/15, 1/10/15- 1/12/15 and 1/14/15

Resident #10:
 4:00pm- 1/15/15- 1/18/15

Resident #7:
 8:00am- 1/1/15- 1/3/15, 1/5/15, 1/6/15, 1/8/15, 1/9/15, 1/11/15- 1/15/15, 1/18/15, 1/19/15 and 1/21/15
 4:00pm- 1/1/15- 1/3/15 and 1/5/15- 1/20/15

Resident #9:
 8:00am- 1/1/15- 1/3/15, 1/5/15, 1/8/15, 10/15-1/12/15, 1/18/15 and 1/21/15
 4:00pm- 1/1/15- 1/3/15 and 1/5/15- 1/20/15

Resident #6:
 6:00am- 1/1/15- 1/4/15, 1/9/15, 1/11/15- 1/13/15, and 1/15/15
 4:00pm- 1/1/15- 1/3/15, 1/6/15- 1/12/15, 1/16/15, and 1/17/15

Resident #3:
 6:00am- 1/1/15- 1/6/15, 1/8/15, 1/10/15- 1/12/15, 1/14/15, 1/15/15, and 1/19/15
 12:00pm- 1/1/15- 1/4/15, 1/6/15- 1/8/15, and 10/15- 1/20/15
 4:00pm- 1/1/15- 1/3/15, 1/7/15, 1/8/15, 1/10/15- 1/20/15
 8:00pm- 1/1/15- 1/4/15, 1/6/15, 1/8/15- 1/20/15

Resident #2:
 8:00am- 1/1/15- 1/3/15, 1/6/15, 1/8/15, 1/9/15, 1/11/15- 1/14/15 and 1/20/15
 4:00pm- 1/1/15- 1/3/15, 1/6/15, 1/6/15- 1/13/15, 1/15/15, 1/17/15 and 1/18/15

Resident #8:
 8:00am- 1/1/15, 1/2/15, 1/7/15, 10/15- 1/15/15, 1/19/15 and 1/20/15
 4:00pm- 1/1/15-1/3/15 and 1/5/15- 1/20/15

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.

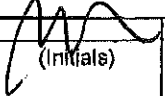

Repeat Violation: No Yes Date(s) of Previous Violation(s): 2/26/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Minelli Date 3-3-15

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

The above plan of correction is approved as of 3/18/15 (Date)
 Plan of correction implementation status as of 3/27/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress

Violation Report: 21062 - 01/21/2015 - Patton, Leslie	
PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress  <input type="checkbox"/> Not Implemented


Resident #12 meds were changed, staff didn't mark or make the change in the MAR's. Changes to MAR's are completed.

In the future Adm & Med supervisor will insure MAR's are kept in order and are properly marked. Staff were retrained in how to keep MAR's complete.

Resident #6, MAR's are now complete and properly maintained. In the future Adm & Med supervisor will insure proper MAR's maintenance. Staff was retrained in maintenance of MAR's.

All residents with glucometer readings were corrected. All residents have new glucometers and are properly used for each resident. Staff were retrained on glucometer uses and at the present time the home is working with the DPW, and the Board of Health to insure proper use.

In the future Adm, Med supervisor and supervisor will insure the proper use of each glucometer.


3/18/15

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home does not have a policy stating the physical, social, and behavioral needs that the home can and cannot meet.

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 has added to its policies and stated, social, behavioral needs that can and cannot be met.
 In the future Admin will ensure policies are up to date and complete.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>FRANK MINELLI</i>	Date <i>3/3/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/18/15
 (Date)

Plan of correction implementation status as of 3/27/15
 (Date)

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

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

Violation Report: 21062 - 01/21/2015 - Patton, Leslie
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:05am, staff person "G" was asked if staff have access to resident RASPs. It was stated staff do not have access at all times to resident RASPs due to the RASPs being kept in the administrator's office which is kept locked and inaccessible when the administrator is not present.

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 copy of the RASPs for all residents were made and placed in the meal room to be locked in meal room at all times. In the future Adm & Supervisor will insure RASPs are complete and kept in the proper place.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *FRANK Minelli* Date *3/8/15*

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

The above plan of correction is approved as of 3/18/15 (Date) Plan of correction implementation status as of 3/27/15 (Date)

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

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

Violation Report: 21062 - 02/28/2015 - Yellenic, Cindy
 PCH Name: ANGEL S FAMILY MANOR PERSONAL CARE HOME

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 medication administration record for Resident #1 has an incorrect entry for the resident's blood glucose test. The test result for 2/14/15 at 8:00pm was 349 and it was recorded as 394. The resident should have received 10 Units of insulin coverage but received 12 Units of insulin because of transposing the numbers.

The medication administration record for Resident #2 has an incorrect entry for the resident's blood glucose test. The test result for 2/7/15 at 7:00am was 160 and it was recorded as 178.

The medication administration record for Resident #3 has an incorrect entry for the resident's blood glucose test. The test result for 2/2/15 at 8:00am was 118 and it was recorded as 108.

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.

Admin Had talk to staff whom were on at these times and gave resident # one insulin and checked his blood sugar. These staff were returned. Staff say they wrote wrong numbers down backwards and supervision will be checking these readings regularly to ensure readings are properly logged.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/15/2014	1/21/15
Signature of Legal Entity Representative (Required on EVERY Page) <i>Frank Minelli</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Frank Minelli</i>		Date <i>4/1/15</i>

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

The above plan of correction is approved as of <u>3/27/15</u> (Date)	Plan of correction implementation status as of <u>3/27/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21062 - 02/26/2015 - Yellenic, Cindy
 PCH Name: ANGEL S FAMILY MANOR, PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order to have a blood glucose checked 4 x's a day. On 2/14/15, Resident #1 did not have a blood glucose test completed at 4:00pm. Resident #1 is on a sliding scale for Insulin coverage when the blood glucose test is completed. The following dates and times is evidence the staff are not following the prescriber's orders:

- On 2/1/15 at 8:00pm, the resident required 6 Units of insulin and did not receive any.
- On 2/3/15 at 4:00pm, the resident required 2 Units of insulin and was given 6 Units.
- On 2/7/15 at 7:00pm, the resident required 6 Units of insulin and was given 4 Units.
- On 2/12/15 at 12:00pm, the resident required 10 Units of insulin and was given 12 Units.
- On 2/14/15 at 8:00pm, the resident required 10 Units of Insulin and was given 12 Units.
- On 2/16/15 at 8:00pm the resident required 4 Units of Insulin and did not receive any.
- On 2/16/15 at 8:00pm, the resident required 54 Units of insulin and did not receive any.
- On 2/18/15 at 12:00pm, the resident required 10 Units of insulin and did not receive any.

Resident #4 has a physician's order to have a blood glucose test done 1 x week. As of 2/26/15, Resident #4 has not had any blood glucose tests done for the month of February, according to the glucometer.

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 whom check and give residents insulin were retrained by a diabetic License Trainer. In the future Admin, Med Supervisor and supervisor will be checking Glucometer and insulin coverage on a regular basis.

Repeat Violation: No Date(s) of Previous Violation(s): 0/2/15

Signature of Legal Entity Representative (Required on EVERY Page) *Frank Mitchell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frank Mitchell Date 4/1/15

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

The above plan of correction is approved as of 3/27/15 (Date)

Plan of correction implementation status as of 3/27/15 (Date)

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

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