



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 14 2015

Ms. Linda Howard, Administrator
Perry South Personal Care Home, Ltd.
1129 Tweed Street
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home
License #: 433731

Dear Ms. Howard:

As a result of the Department of Human Services' (Department) licensing inspections on January 22, 2015 and April 22, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above facility. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to NON-RENEW your 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, 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

Ms. Linda Howard

2

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.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: PERRY SOUTH PERSONAL CARE HOME		License Number: 43373
Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		County: Allegheny
Administrator: Linda Howard		Region: WEST
Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD		
Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		RECEIVED
Certificate(s) of Occupancy R-4 10/30/2008 City of Pittsburgh		MAR 26 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 01/22/2015: Rosol, Jennifer; Garrigan, Laurie		
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: 8 Number of Residents Served: 8 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: 4 Are 60 Years of Age or Older: 6 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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
The current license and a copy of 55 Pa. Code Chapter 2600 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.

In Response to this violation during the inspection, this was corrected.

- 1. AS SOON AS my license comes in, it will be placed in the hall where all of the other forms are hanging.
- 2. IT shall remain in place until the new one comes in.

* Please see page 2^A of 20 for plan of correction. sm

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LINDA HOWARD
Date 3-19-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

JUL 21 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

The current license and a copy of 55 Pa. Code Chapter 2600 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.

Immediately - The administrator or designated staff person will check the home daily to ensure all required postings including the current license inspection summary and copy of 55 PA Code Chapter 2600 are posted in a conspicuous and public place in the personal care home.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on the required documents that shall be posted in a conspicuous and public place in the home to include, the current license, a copy of the current licensing inspection summary and a copy of 55 PA Code Chapter 2600. Documentation of education shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/20/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____ (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - inadequate Progress
 Not Implemented

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 12/9/14, does not have a criminal background check completed. Staff person C worked unsupervised in the home on the following dates and times:

- * 1/16/15 7:00 a.m. - 7:00 p.m.
- * 1/17/15 7:00 a.m. - 7:00 p.m.
- * 1/18/15 7:00 a.m. - 7:00 p.m.
- * 1/19/15 7:00 a.m. - 7:00 p.m.

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 staff person "C" was in TRAINING during these dates, he was supervised by myself or the other staff "A" we were waiting for the background checks to come back. We have sent the background for the last 5 years.

Correction:

1. NO one will be able to start or be in training without all clearances are at hand.

* Please see page 3^A of 20 for plan of correction. See

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

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

Date 3-19-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

RECEIVED

JUL 31 2015

Page 3 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 12/9/14, does not have a criminal background check completed. Staff person C worked unsupervised in the home on the following dates and times:

- * 1/16/15 7:00 a.m. - 7:00 p.m.
- * 1/17/15 7:00 a.m. - 7:00 p.m.
- * 1/18/15 7:00 a.m. - 7:00 p.m.
- * 1/19/15 7:00 a.m. - 7:00 p.m.

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.

Immediately - Staff person C will not be permitted to work in the home until a PA State Police criminal background check has been completed and is free from any prohibitive offenses in accordance with the Older Adult Protective Services Act. Documentation of the criminal background check will be kept in the staff person's record. No alterations to the original document will be made.

Immediately - All current staff persons' records will be reviewed to ensure a PA State Police criminal background check has been completed and contain no prohibitive offenses in accordance with the Older Adult Protective Services Act. Documentation of this review shall be kept.

Immediately - Any staff person identified through the review process that does not have the required PA State Police criminal background check or FBI criminal history background checks completed in accordance with the Older Adult Protective Services Act will not have unsupervised access to any residents.

Immediately - All PA State Police criminal background checks will be completed with results received and approved before a staff person is hired. If the PA State Police criminal background check results indicate a prohibitive offence in accordance with the Older Adult Protective Services Act the staff person will be immediately removed from the home.

Within 15 days of receipt of the plan of correction, all administrative staff that plays a role in the hiring process will complete the Department of Aging Abuse and Criminal History Check Training, which can be found at http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031. Documentation of training shall be kept.

Within 30 days of receipt of the plan of correction, all staff will receive Older Adult Protective Services Act training provided by an outside source approved by the Department. Documentation of training shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/20/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard Administrator

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

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by

LH
(Initials)

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

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 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

Direct care staff person C, hired 12/9/14, does not have a criminal background check completed. Staff person C worked unsupervised in the home on the following dates and times:

- * 1/16/15 7:00 a.m. – 7:00 p.m.
- * 1/17/15 7:00 a.m. – 7:00 p.m.
- * 1/18/15 7:00 a.m. – 7:00 p.m.
- * 1/19/15 7:00 a.m. – 7:00 p.m.

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 is a duplicate violation AS PAGE 3 of 29

** Please see page 4^A of 20 for Plan of correction. Svr*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>3-19-15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u><i>lmh</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

RECEIVED

JUL 11 2015

Page 4 of 20

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 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

Direct care staff person C, hired 12/9/14, does not have a criminal background check completed. Staff person C worked unsupervised in the home on the following dates and times:

- * 1/16/15 7:00 a.m. – 7:00 p.m.
- * 1/17/15 7:00 a.m. – 7:00 p.m.
- * 1/18/15 7:00 a.m. – 7:00 p.m.
- * 1/19/15 7:00 a.m. – 7:00 p.m.

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.

Immediately – Staff person C will not be permitted to work in the home until a PA State Police criminal background check has been completed and is free from any prohibitive offenses in accordance with the Older Adult Protective Services Act. Documentation of the criminal background check will be kept in the staff person's record. No alterations to the original document will be made.

Immediately - All current staff persons' records will be reviewed to ensure a PA State Police criminal background check has been completed and contain no prohibitive offenses in accordance with the Older Adult Protective Services Act. Documentation of this review shall be kept.

Immediately - Any staff person identified through the review process that does not have the required PA State Police criminal background check or FBI criminal history background checks completed in accordance with the Older Adult Protective Services Act will not have unsupervised access to any residents.

Immediately - All PA State Police criminal background checks will be completed with results received and approved before a staff person is hired. If the PA State Police criminal background check results indicate a prohibitive offence in accordance with the Older Adult Protective Services Act the staff person will be immediately removed from the home.

Within 15 days of receipt of the plan of correction, all administrative staff that plays a role in the hiring process will complete the Department of Aging Abuse and Criminal History Check Training, which can be found at http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031
Documentation of training shall be kept.

Within 30 days of receipt of the plan of correction, all staff will receive Older Adult Protective Services Act training provided by an outside source approved by the Department. Documentation of training shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014
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Signature of Legal Entity Representative (Required on EVERY Page)	Linda Howard Administrator
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LINDA HOWARD	7-10-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 1/16/15, there were eight residents present in the home. On this day, from approximately 7:00 a.m. until 12:00 p.m. there was no staff person present in the home who is trained in first aid and certified in obstructed airway techniques and CPR.

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.

PLAN of Correction:

1. No one will be able to start work at the PCH without having physical papers in file before hire date.

2. He was made to do another CPR class and copy's were inserted at time of last corrections.

These will be done for each person. And this will be kept at the PCH in a file for each person

* Please see page 5^A of 20 for Plan of Correction. SVP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

RECEIVED

JUL 31 2015

Page 5 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 1/18/15 there were eight residents present in the home. On this day, from approximately 7:00 a.m. until 12:00 p.m. there was no staff person present in the home who is trained in first aid and certified in obstructed airway techniques and CPR.

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.

Immediately - The administrator or designated staff person will review schedules weekly to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is in the home at all times there is at least one resident in the home to ensure residents receive life-saving services in an emergency.

As part of the 2015 quality management review process the administrator will review all staff training records to ensure all staff persons have current first aid training and are certified in obstructed airway techniques and cardiopulmonary resuscitation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard Administrator

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

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

LHW
(initials)

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

MAR 24 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired in 2003, did not receive annual training in the following topics during training year 2014:

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

On 1/22/15, the home served three residents with mental health and two with intellectual disability diagnoses.

* Please See page 6^A of 30 for plan of correction - SW

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.

AS of April 2015 Persons "A" - "B" will be

TRAINED in the topics.

1. needs of Residents with special needs

2. SAFE management

#3. will have to be Added on AT A later DATE (Dementia)

4. Medication TRAINING the instructor has to get back to us

5. Infection Control will be scheduled later

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer PCH Name: PERRY SOUTH PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired in 2003, did not receive annual training in the following topics during training year 2014:

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

On 1/22/15, the home served three residents with mental health and two with intellectual disability diagnoses.

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.

Within 15 days of receipt of the plan of correction, direct care staff person A will receive training in the following topics:
 Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 Personal care services needs of the residents
 Safe management techniques
 Care for residents with mental illness or mental retardation
 Documentation of training shall be kept.

Within 15 days of receipt of the plan of correction, the administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2014 training year or thus far in the 2015 training year to ensure all direct care staff receive the necessary training to successfully provide essential resident care services. Documentation of this review shall be kept.

Any staff person identified through this review process that has not received annual training in the above topics will immediately receive training not completed. Documentation of training shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014
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Signature of Legal Entity Representative (Required on EVERY Page) Linda Howard Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LINDA Howard Date 7-10-15

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>lh</u> (Initials)	<input 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: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

MAR 24 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for training year 2015.

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.

April -28-2015 Monroeville PA Fire SAFETY
April 28-2015- SAFETY Committee
April 29-2015. Mental illness
April 29-2015- stress management
April 30-2015- STAFF TRAINING & MORALE

IP: will be done by "A" - "B" to equal 10 hrs
the place:
North Hampton Community College
511 EAST Third street

Holiday Inn Moreville
2750 Moss side Blvd
Monroeville PA 15146 * Please see page 7^A of 20 for Plan of Correction. SPP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of 7-31-15
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for training year 2015.

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.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will develop and implement a 2015 staff training plan and an annual staff straining plan thereafter that includes all of the required topics under regulation 2600.66a and the required training under regulation 2600.65g.

By 12/31/15: The Administrator will create a staff training plan for 2016 to ensure all staff persons receive the necessary training to successfully provide essential resident care.

As part of the 2015 quality management review process the administrator will review the 2015 annual staff training plan to ensure all staff persons receive the necessary training to successfully provide essential resident care services.

The quality management review will be conducted no later than 9/30/15. Documentation of the review shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At 9:26 a.m., the window blinds in the 2nd floor bathroom were entirely covered with a thick, heavy coating of dust.

At 9:26 a.m., the entire lower half of the shower curtain liner in the 2nd floor bathroom was torn, slimy and was covered with brown scum and mold.

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.

Correction: The shower was completely cleaned. The window blinds were changed. New shower curtains were put up. The receipts for these were sent in the first violations.

1. The staff was informed about the lack of cleanliness & sanitation.

2. The covering was not dust it was smoke coming from the porch below the window where the residents smoke daily. The window is on the same side of the building and we will maintain better control of cleaning.

* Please see page 8^A of 20 for plan of correction. SRP

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-16*

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

JUL 11 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At 9:28 a.m., the window blinds in the 2nd floor bathroom were entirely covered with a thick, heavy coating of dust.

At 9:26 a.m., the entire lower half of the shower curtain liner in the 2nd floor bathroom was torn, slimy and was covered with brown scum and mold.

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.

Immediately - The administrator or designated staff person will check the bathrooms at least daily to ensure sanitary conditions are maintained.

Immediately - Any identified or reported unsanitary conditions will be corrected immediately by either the staff person identifying the situation or a designated staff person.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found throughout the home with emphasis on bathroom sanitation to include clean window blinds and no evidence of mold or insects.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 10:17 a.m., the hot water temperature at the sink in the basement bathroom measured 128.6° Fahrenheit. At 2:50 p.m., the temperature measured 129.5° Fahrenheit.

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.

Plan of Correction:

The hot water tank was turned down, the temp came down, 115° F.

The tank has a lower temp in the afternoon we wash clothes usually after breakfast. We did not get the chance to do clothes the day of the inspection.

We will keep better control of this.

* Please see page 9^A of 20 for plan of correction. SMP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of 7-31-15
(Date)

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

RECEIVED

JUL 11 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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2a. DESCRIPTION OF VIOLATION

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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.

Immediately - The administrator or designated staff person will monitor the hot water temperature at least daily in different areas of the home, to ensure the water temperature does not exceed 120°F. The hot water temperature will be adjusted immediately if it exceeds 120° F. Documentation of hot water temperatures shall be kept.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on safe hot water temperatures and the risk of unsafe water temperatures to residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

There were two knobs missing, exposing two sharp screws protruding approximately 1/2" from the drawer in the green nightstand in resident #3's bedroom.

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.

Plan of correction: during the inspection Day
Tape was placed over the screws.
The Resident wants this night stand, new knobs were
Replaced on the stand.
We will, and have since the inspection, have
gone thru each room looking for hazards. And
will make corrections

* Please see page 10^A of 20 for plan of correction. SIP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

RECEIVED

JUL 11 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH 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

There were two knobs missing, exposing two sharp screws protruding approximately 1/2" from the drawer in the green nightstand in resident #3's bedroom.

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.

Immediately - A designated staff person will check the home daily to ensure furniture and equipment is in good repair, clean and free of hazards.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on reporting and or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any piece of furniture identified as hazardous or not in good repair will be immediately removed until repairs are made.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/28/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction Implementation status as of

(Date)

The above plan of correction was approved by

lh
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 10:02 a.m., the temperature in the kitchen freezer measured 14° Fahrenheit.
At 10:03 a.m., there was no thermometer in the kitchen refrigerator.
At 10:21 a.m. and 2:45 p.m., the temperature in the white freezer, closest to the wall in the basement, measured 11° Fahrenheit.

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.

Corrections.
We have replaced all thermore in the freezers and refrigerators. Receipts were inserted with the last corrections.

The freezer in the basement closest to the wall, is not used for meat. IT HAS ONLY bread & milk. We have had this for that purpose for several years.

* Please see page 11^A of 20 for plan of correction. *sm*

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/20/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of 7-31-15
(Date)

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

RECEIVED

JUL 11 2015

Page 11^A of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 10:02 a.m., the temperature in the kitchen freezer measured 14° Fahrenheit.
At 10:03 a.m., there was no thermometer in the kitchen refrigerator.
At 10:21 a.m. and 2:45 p.m., the temperature in the white freezer, closest to the wall in the basement, measured 11° Fahrenheit.

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.
Immediately - A designated staff person will check thermometers at least 2 times a day in each refrigerator and freezer to ensure thermometers are present and food items are stored at proper temperatures. A temperature log will be devised and implemented to record these checks. If refrigerator temperatures measure above 40° and freezers above 0°, temperatures will be checked again in two hours. If the temperature remains high, food items will be moved to a refrigerator/freezer that maintains a safe storage temperature until repairs can be made.
Within 15 days of receipt of the plan of correction, all staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education shall be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/20/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *7-12-15*

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

The above plan of correction is approved as of 7-31-15 (Date)
The above plan of correction was approved by JMP (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

At 9:58 a.m., there was one portable space heater in the living room and one in the dining room.

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

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

The Correction:
The PCH knows that space heaters are not allowed! The Home was extremely cold a couple of days before the inspection. At the time the heaters were not in use. The inspector noted this.

1. I have been in touch with the landlord about getting a bigger furnace.

2. All windows were at that time and still have plastic on them.

3. Residents were advised to wear sweaters or light jackets while down stairs.

* Please see page 12^A of 20 for plan of correction. SVP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

3-19-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction implementation status as of

7-31-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SVP
(Initials)

RECEIVED

JUL 11 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

At 9:58 a.m., there was one portable space heater in the living room and one in the dining room.

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

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

Within 15 days of receipt of the plan of correction, all staff persons will be educated on the acceptable methods of maintaining the required temperatures in the home, including the prohibition of space heaters. Documentation of education shall be kept.

As soon as the outside temperature reaches 60°, the administrator or designated staff person will check the home at least weekly to ensure no portable space heaters are in the home.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

RECEIVED

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 12/19/14, does not include the ability to self-administer medications or a mobility assessment.

Resident #4's annual medical evaluation, dated 6/20/14, does not include a mobility assessment.

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.

Correction!

I will go over the forms more thorough AFTER the Doctor fills in his part. IT IS my fault for not doing this.

I have asked ANOTHER Administrator to go over my Paper work,

All parts will be done properly.

I will highlight Areas before I give papers to the Doctor.

Also put check marks where things need marked

* Please see page 13^A of 20 for plan of correction. see

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) Linda Howard

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

Date 3-19-16

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7.31.15
(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: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 12/19/14, does not include the ability to self-administer medications or a mobility assessment.

Resident #4's annual medical evaluation, dated 6/20/14, does not include a mobility assessment.

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.

Immediately - Residents #1's medical evaluation will be sent back to the physician for completion to include ability to self-administer medications and a mobility assessment.

Immediately - Resident #4's medical evaluation will be sent back to the physician for completion to include a mobility assessment.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed timely and in its entirety to include ability to self-administer medications and mobility assessment. The current medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141b1 will be immediately returned to the physician for completion. Documentation of the review shall be kept.

Within 30 days of receipt of the plan of correction, a resident document tracking system will be devised and implemented to ensure all required documentation, including a current and accurate medical evaluation is completed timely and in its entirety to include ability to self-administer medications and a mobility assessment in each resident's record. Documentation of the review shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/28/2014

03/20/2014

Signature of Legal Entity Representative

(Required on EVERY Page)

Linda Howard Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

LM
(Initials)

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer

PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

There was only a one week menu posted in the home; however, it was undated so it cannot be determined what week the menu is for.

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.

We now have A menu for the whole month showing what will be given daily.

We also have A daily menu posted so if we have changes eat-pizza, Party, The can see the changes.

* Please see page 14^A of 20 for plan of correction. SWP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of 7-31-15
(Date)

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

There was only a one week menu posted in the home; however, it was undated so it cannot be determined what week the menu is for.

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.

Immediately - The administrator will create a current weekly menu and a menu for the following week indicating specific food items served at each meal. These menus will be posted in a conspicuous and public place in the home.

Immediately - Changes to the menu shall be posted in a conspicuous and public place in the home and shall be accessible to the residents in advance of the meal.

Immediately - The administrator or designated staff person will check the home weekly to ensure the menus for the current and following week are posted in a conspicuous and public place in the home.

Within 30 days of receipt of the plan of correction, all staff will be educated on the requirement of posting the current and following week's menu, to include specific food items served, in a conspicuous and public place in the home. Documentation of education shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/20/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard Administrator

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

LINDA HOWARD

Date

7-10-15

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

The above plan of correction is approved as of

7-31-15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

JMP
(Initials)

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Mupirocin 2%; however, this medication did not have a pharmacy label.

Resident #2 is prescribed Silver Sulfadiazine 1%; however, this medication did not have a pharmacy label.

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.

Plan of Correction:

The Plan is to keep the boxes the ointment comes in. The medication was locked in the medication cabinet in the bathroom, but the boxes got wet from them being in the bathroom. The medication needs to be used in Area's on the body that needs Privacy.

The boxes will be placed in plastic bags and locked in the bath room. If not able to be "Read" we will get new boxes from the Pharmacy. * Please see page 15^A of 20 for plan of correction

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i>	Date <i>3-19-15</i>
---	------------------------

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

RECEIVED

JUL 21 2015

Page 15 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Mupirocin 2%; however, this medication did not have a pharmacy label.

Resident #2 is prescribed Silver Sulfadiazine 1%; however, this medication did not have a pharmacy label.

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's Mupirocin 2% was discontinued on 2/1/15.

Resident #2 no longer resides in the home.

Immediately - A designated staff person qualified to administer medications will conduct an initial and monthly review of all medications to ensure the original container for prescription medications is labeled to include, the resident's name, name of the medication, date the prescription was issued, prescribed dosage and instructions for administration and name and title of the prescriber.

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated the original container for resident prescription medications shall be labeled with a pharmacy label which includes, resident name, name of the medication, date the prescription was issued, prescribed dosage, instructions for administration and name and title of the prescriber.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Linda Howard Administrator</i>
--	-----------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LINDA HOWARD	7-10-15

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>lm</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #4 is prescribed Sertraline 100 mg-take 1 tablet by mouth twice daily for depression; however, the January 2015 medication administration record (MAR) indicates take 1 tablet by mouth daily.

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.

Correction: We shall have two people look over the MAR's as they come into the PCH from the Pharmacy.

We will have all corrections fixed.

The MAR's was corrected during the inspection and fixed over by the drug store.

* Please see page 16^A of 20 for plan of correction. etc

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *3-19-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of 7-31-15
(Date)

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

RECEIVED

JUL 11 2015

Page 16 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer . WEST REGION FIELD OFFICE
PCH Name: PERRY SOUTH PERSONAL CARE HOME Human Services Licensing

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
Resident #4 is prescribed Sertraline 100 mg-take 1 tablet by mouth twice daily for depression; however, the January 2015 medication administration record (MAR) indicates take 1 tablet by mouth daily.

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.
Immediately - The administrator or designated person qualified to administer medication will review all resident MARs daily to ensure all prescribed medications are documented on the MAR as prescribed. Documentation of reviews shall be kept.
Immediately - The administrator or designated person qualified to administer medication will complete an initial and monthly verification of prescription orders to ensure all medications are accurately documented on the MAR as prescribed. Documentation of verification shall be kept.
Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on accurately documenting medication as prescribed on the MAR. Documentation of reeducation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>imo</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Tramadol 50 mg-take 1 tablet by mouth four times daily for pain; however, the resident's January 2015 MAR does not include the initials of the staff who administered the 12:00 p.m. dose on 1/22/15. (Observed at 2 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.

Correction:

The inspectors & myself observed the staff person not sign the MAR's. she was educated in detail about the importance of signing the MAR's at time of giving the medication. Her excuse is not acceptable and she was monitored by myself about the MAR's being done correctly.

* Please see page 17^A of 20 for plan of correction. See

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Linda Howard Date 3-19-15

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JUL 11 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Tramadol 50 mg-take 1 tablet by mouth four times daily for pain; however, the resident's January 2015 MAR does not include the initials of the staff who administered the 12:00 p.m. dose on 1/22/15. (Observed at 2 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.

Immediately - The administrator will review all MARs daily to ensure the proper documentation of medication administration is completed at the time of administration.

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of reeducation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
-----------------------	-----------------------------------	------------	------------

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <i>JMP</i> (Initials)	<input 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: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

MAR 24 2015

NEXT REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Metformin 1,000 mg-take 1 tablet by mouth 2 times daily-take ½ hour before breakfast and supper. The resident's January 2015 MAR indicates this medication was administered at 8:00 a.m. and 8:00 p.m. from 1/1/15 through 1/22/15; however, according to staff person B, the home's administrator, supper is served at 5:00 p.m.

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.

Corrections

The MAR's for Resident #4 was a verbal order over the phone. I asked them to give us a MAR's for this Resident who gets Medication from the V.A. Hospital.

The correction was made to read 8 AM and 5 PM.

The DR. from the V.A. approved this and the corrections were made.

* Please see page 19^A of 20 for plan of correction - smp

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

Signature of Legal Entity Representative (Required on EVERY Page) Linda Howard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard Date 3-19-15

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

The above plan of correction is approved as of 7-31-15 (Date)

Plan of correction implementation status as of 7-31-15 (Date)

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

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

RECEIVED

JUL 11 2015

Page 18 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Metformin 1,000 mg-take 1 tablet by mouth 2 times daily-take 1/2 hour before breakfast and supper. The resident's January 2015 MAR indicates this medication was administered at 8:00 a.m. and 8:00 p.m. from 1/1/15 through 1/22/15; however, according to staff person B, the home's administrator, supper is served at 6:00 p.m.

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.

Immediately - The administrator or designated staff will review all prescription orders for all residents to ensure all prescriptions orders are current and are accurately documented on all resident MAR's.

Immediately - The administrator will observe each medication administration at least three times a week ensure all resident medications are administered as prescribed and recorded on the MAR at the time of administration.

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration to include following the directions of the provider.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard Administrator

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

LINDA HOWARD

Date 7-10-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

MAR 24 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, signed on 12/14/14, does not include the diagnosis Down syndrome as indicated on the resident's medical evaluation, dated 12/19/14.

Resident #3's assessment, signed 1/4/15, does not include the diagnosis Hypolipidemia as indicated on the resident's medical evaluation, dated 1/5/15.

The following personal care need and degree areas are blank on resident #3's assessment, signed 1/4/15.

- * Bladder management
- * Bowel management
- * Ambulating
- * Personal hygiene
- * Managing health care
- * Securing health care
- * Turning and positioning in bed/chair

Resident #4's assessment, signed on 10/23/14, does not include the diagnosis Obesity as indicated on the resident's medical evaluation, dated 6/20/14.

The following resident assessments do not include the date the assessment was finalized:

- Resident #1
- Resident #3
- Resident #4

* Please see page 19A of 20 for plan of correction. SR.

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

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

I have to be more observant as to what is on the Medical forms and the assessments need to go together
 this will be something that I have another Administrator look over. Assessments, MA-51, Diagnosis, this will help me to do better with filling out papers

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

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

Date
3-19-16

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of 7-31-15
(Date)

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

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

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, signed on 12/14/14, does not include the diagnosis Down syndrome as indicated on the resident's medical evaluation, dated 12/19/14.

Resident #3's assessment, signed 1/4/15, does not include the diagnosis Hypolipidemia as indicated on the resident's medical evaluation, dated 1/5/15.

The following personal care need and degree areas are blank on resident #3's assessment, signed 1/4/15.

- * Bladder management
- * Bowel management
- * Ambulating
- * Personal hygiene
- * Managing health care
- * Securing health care
- * Turning and positioning in bed/chair

Resident #4's assessment, signed on 10/23/14, does not include the diagnosis Obesity as indicated on the resident's medical evaluation, dated 8/20/14.

The following resident assessments do not include the date the assessment was finalized:

- Resident #1
- Resident #3
- 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.

Immediately - Residents #1, #3 and #4 will have an assessment completed which includes the date the assessment was finalized.

Immediately - Resident #3's assessment will be revised to include all diagnoses indicated on the resident's most recent medical evaluation.

Immediately - Resident #4's assessment will be revised to include a diagnosis of obesity.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure all residents have an accurate assessment completed in its entirety to include all diagnoses.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall develop and implement a system to ensure each resident has an accurate assessment completed, in its entirety at least annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date: *7-10-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 24 2015

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #2 on 9/5/14; however, the resident's support plan has not been revised.

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

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

I HAVE made a list of DATES for Residents to be able to keep up with things.

- 1. Admission DATE
- 2. Medical Evaluation update
- 3. Assessment updates
- 4. Support Plans

hopefully this will help keep things in line, and I will except any help with ideas of how else things can become better, I except all any help.

* Please see page 20^A of 20 for plan of correction. See

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Linda Howard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Linda Howard Date 3-19-15

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u>JMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

RECEIVED

JUL 11 2015

Page 20 of 20

Violation Report: 43373 - 01/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #2 on 9/5/14; however, the resident's support plan has not been revised.

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.

Immediately: A support plan will be created for resident #2.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident records to ensure all residents have an accurate support plan completed in its entirety within 30 days of the assessment that indicates the residents care needs.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall develop and implement a system to ensure an annual support plan is completed within 30 days of an annual assessment.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

LINDA HOWARD

Date 7-10-15

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

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

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

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

PCH Name: PERRY SOUTH PERSONAL CARE HOME		License Number: 43373
Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		County: Allegheny
Administrator: Linda Howard		Region: WEST
Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD		
Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		
Certificate(s) of Occupancy		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 17 2015 WEST REGION FIELD OFFICE Human Services Licensing </div>
R-4		
10/30/2008 City of Pittsburgh		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Interim - POC	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Provisional		
On-Site Inspections Dates and Department Representatives On-Site		
04/22/2015: Rosol, Jennifer; Mandock, Nancy		
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: 8 Number of Residents Served: 7 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: 4 Are 80 Years of Age or Older: 5 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:42 a.m., the September 2014 medication administration records (MAR) for residents #4 and #5 were unlocked and accessible in a green binder labeled "2014 violation report and corrections" on the table in the hallway.

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 folder with the violations was removed 4-25-15. This was put in another place in the home, where it can be accessible to those who need to read it. Some of the materials in the folder were request of [redacted] so I could send him updates. The Administrative will see to it that the violations can be kept in a place of privacy. The staff will have notice of where it will be. These were old violations, but we do understand they should be kept private. All violations will be gone over with staff periodically to be aware of privacy. The request to have the book kept in the hall, was given by the inspector.

* Please see page 2^A of 8 for plan of correction. *SNP*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>5-8-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-31-15
 (Date)

Plan of correction implementation status of 7-31-15
 (Date)

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

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

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:42 a.m., the September 2014 medication administration records (MAR) for residents #4 and #5 were unlocked and accessible in a green binder labeled "2014 violation report and corrections" on the table in the hallway.

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.

Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records to include MARs are confidential, kept safe and locked.

Immediately - The administrator will monitor the home weekly to ensure all resident records to include MARs are confidential, kept safe and locked.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on the confidentiality of resident records to include MARs and the procedures for maintaining resident records in a secure location.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Howard* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

At 9:25 a.m., there were two strips of flypaper, one covered with approximately 50 gnats and the other covered with approximately 20 gnats hanging above the sink in the basement bathroom.

At 9:26 a.m., there were multiple cobwebs and dirt around the window blinds and on the ceiling in the basement bathroom. Also, there was a 1"x5" pile of black dirt in the corner of the window.

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 first action that was done 1. Fly strips were taken down, 2 the blinds were changed, 3, window sill was cleaned & all cobwebs were swept down.

There will be a staff person assigned to keep the bathroom in better shape. All staff was notified as to keep the bathroom in better shape. I will be directly checking to make sure this is done.

Correction was made 4-28-15

we will keep better sanitary conditions in the home at all times. Weekly checks will be kept by Administrator

* Please see page 3^A of 8 for plan of correction. See

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

5-8-2015

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

The above plan of correction is approved as of

7-31-15
 (Date)

Plan of correction implementation status as of

7-31-15
 (Date)

The above plan of correction was approved by

LHW
 (Initials)

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

JUL 11 2015

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At 9:25 a.m., there were two strips of flypaper, one covered with approximately 50 gnats and the other covered with approximately 20 gnats hanging above the sink in the basement bathroom.

At 9:26 a.m., there were multiple cobwebs and dirt around the window blinds and on the ceiling in the basement bathroom. Also, there was a 1"x5" pile of black dirt in the corner of the window.

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.

Immediately - The administrator or designated staff person will check the bathrooms at least daily to ensure sanitary conditions are maintained.

Immediately - Any identified or reported unsanitary conditions will be corrected immediately by the staff person identifying the situation or designated staff person.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found throughout the home with emphasis on bathroom sanitation to include clean window blinds and no evidence of mold or insects.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation, dated 6/20/14, does not include a mobility assessment.
 The most recent medical evaluation for resident #2 was completed on 2/17/14.

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.

The correction was made on 5-1-2015 due to violation. A copy of Medical Evaluation is included for Resident #1. All aspects of the MA-51, will be looked over by the Administrator after the Dr. fills it in. We-I will highlight all areas that need to be filled in. All dates & signatures are correct.

A complete check of All Resident's Medical & DME evaluations were checked and updated due to some violations. A list of when each of them will be made as of 5-14-15. A new DME & MA 51 was completed for Resident #2, as of 5-14-15. The Administrator will have this responsibility to check for errors.

* Please see page A of 8 for plan of correction.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-14-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u>JMP</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: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2500
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 6/20/14, does not include a mobility assessment.
The most recent medical evaluation for resident #2 was completed on 2/17/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Resident #2 had a medical evaluation on 5/14/15.
Immediately - Residents #1's medical evaluation will be sent back to the physician for completion to include a mobility assessment.
Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely in its entirety, to include mobility assessment in each resident's record. Documentation of the review shall be kept.
Within 30 days of receipt of the plan of correction, a resident document tracking system will be devised and implemented to ensure all required documentation including a current medical evaluation completed timely in its entirety, to include a mobility assessment in each resident's record. Documentation of the review shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

- Plan of correction implementation status as of _____ (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH 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

Resident #1 is prescribed Atorvastatin Calcium 80 mg-take 1/2 tablet by mouth at bedtime for cholesterol; however, the April 2015 MAR indicates Atorvastatin 20 mg-take 1/2 tablet by mouth at bedtime.

Resident #1 is prescribed Risperidone 4 mg-take 1/2 tablet by mouth twice daily as needed for breakthrough symptoms, anxiety and irritability; however, the April 2015 MAR indicates Risperidone 4 mg-take 1/2 tablet by mouth twice daily.

Resident #1 is prescribed MAPAP 325 mg-take 2 tablets by mouth every 4 hours as needed for pain or temperature; however, the April 2015 MAR indicates MAPAP 325 mg-take 2 tablets by mouth twice daily.

Resident #2 is prescribed Vitamin D3 1,000 units-take 2 tablet by mouth daily for cancer; however, the April 2015 MAR indicates Vitamin D3 1,000 units-take 1 tablet by mouth daily.

* PLEASE SEE PAGE 5A OF 8 FOR PLAN OF CORRECTION. SO

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.

1. Resident #1 the Rx was corrected & see copy
 2. Resident #1 the Rx was corrected 5-15-15 see copy
 3. Resident #2 Rx was corrected
- * the changes were sent to the drug store. Administrator will be responsible to check better & fix all mistakes

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-15-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u><i>Jmp</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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH 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

Resident #1 is prescribed Atorvastatin Calcium 80 mg-take 1/2 tablet by mouth at bedtime for cholesterol; however, the April 2015 MAR indicates Atorvastatin 20 mg-take 1/2 tablet by mouth at bedtime.

Resident #1 is prescribed Risperidone 4 mg-take 1/2 tablet by mouth twice daily as needed for breakthrough symptoms, anxiety and irritability; however, the April 2015 MAR indicates Risperidone 4 mg-take 1/2 tablet by mouth twice daily.

Resident #1 is prescribed MAPAP 325 mg-take 2 tablets by mouth every 4 hours as needed for pain or temperature; however, the April 2015 MAR indicates MAPAP 325 mg-take 2 tablets by mouth twice daily.

Resident #2 is prescribed Vitamin D3 1,000 units-take 2 tablet by mouth daily for cancer; however, the April 2015 MAR indicates Vitamin D3 1,000 units-take 1 tablet by mouth daily.

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.

Immediately - Resident #1's MAR will be updated to include the current prescribed medications as follows:
Atorvastatin Calcium 80mg-take 1/2 tablet by mouth at bedtime for cholesterol
Risperidone 4mg-take 1/2 tablet by mouth twice daily
MAPAP 325mg-take 2 tablets by mouth every four hours as needed for pain or temperature

Resident #2's MAR will be updated to include Vitamin D3-1,000units-take 2 tablets by mouth twice daily, as prescribed.

Immediately - The administrator or designated person qualified to administer medication will review all resident MARs at least daily to ensure all prescribed medications are documented on the MAR as prescribed. Documentation of review shall be kept.

Immediately - The administrator or designated person qualified to administer medication will complete an initial and monthly verification of prescription orders to ensure all medications are accurately documented on the MAR as prescribed. Documentation of verification shall be kept.

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on accurately documenting medication as prescribed on the MAR. Documentation of reeducation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/28/2014	03/20/2014	
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JUL 11 2015

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.187(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.

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard Administrator

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

LINDA Howard

Date 7-10-15

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 5/20/14, does not include the diagnosis of Osteomyelitis as indicated on the medical evaluation, dated 6/20/14. Also, the dietary and sensory needs are blank and pages 4 through 6 are not included.

Resident #2's assessment, dated 5/20/14, does not include pages 4, 5, 6, and 9.

Resident #3's assessment, dated 10/3/14, does not include the diagnosis of Anxiety as indicated on the medical evaluation, dated 6/4/14.

Resident #4's assessment, dated 8/30/14, does not include pages 4, 5 and 9.

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.

For Resident #3 A complete update of his Assessment & Support Plan was done. See Attached. A copy has been attached. We will have a second person go over forms after they are completed. Completed on 4-29-15

Corrections made for Resident #4 see Attached. All forms will be checked by a second person to make sure everything is done right. See attached (made 5-8-15)

New Assessments were done on Residents #1 & 2 to include all pages: see page 4 to 6 on Resident #1 and pages 4, 5 & 9 on Resident #2 *Please see page 7^A of 8 for plan of correction. See

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Linda Howard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard Date 5-14-15

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

The above plan of correction is approved as of 7-31-15 (Date)

Plan of correction implementation status as of 7-31-15 (Date)

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

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

RECEIVED

JUL 13 2015

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 5/20/14, does not include the diagnosis of Osteomyelitis as indicated on the medical evaluation, dated 8/20/14. Also, the dietary and sensory needs are blank and pages 4 through 6 are not included.

Resident #2's assessment, dated 5/20/14, does not include pages 4, 5, 6, and 9.

Resident #3's assessment, dated 10/3/14, does not include the diagnosis of Anxiety as indicated on the medical evaluation, dated 6/4/14.

Resident #4's assessment, dated 8/30/14, does not include pages 4, 5 and 9.

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 #3's assessment has been updated to include a diagnosis of Anxiety.

Resident #4's assessment has been updated to include completed pages 4 and 5.

Immediately - Resident #1's annual assessment will be updated to include diagnosis of Osteomyelitis.

Immediately - Resident #2's annual assessment pages 4, 5, 6 and 9 will be completed.

Immediately - Resident #4's annual assessment page 9 will be completed.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy to include all diagnoses.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall develop and implement a system to ensure each resident has an accurate assessment completed, in its entirety at least annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

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

Date *7-10-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 10/3/14, includes the following diagnosis; Schizophrenia, Hyperlipidemia, Hypothyroidism, the need for minimal supervision and the inability to self-administer medications. However, the support plan, dated 10/3/14, does not include the care needs and services the home will provide to meet these needs.

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 ASSESSMENT WAS CORRECTED 4-29-15 due to violations. Each section was gone over and we will make corrections to all Residents charts to keep up with this. See Attached new plan will be done Sept 2015 to be in compliance.

STAFF is informed as a reminder, also a list of Dates up coming to stay on top of things.

Please see Attached.

* Please see page 8^A of 8 for plan of correction. 510

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *5-13-15*

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

The above plan of correction is approved as of <u>7-31-15</u> (Date)	Plan of correction implementation status as of <u>7-31-15</u> (Date)
The above plan of correction was approved by <u>AMP</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

RECEIVED

JUL 17 2015

Violation Report: 43373 - 04/22/2015 - Rosol, Jennifer
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 10/3/14, includes the following diagnosis: Schizophrenia, Hyperlipidemia, Hypothyroidism, the need for minimal supervision and the inability to self-administer medications. However, the support plan, dated 10/3/14, does not include the care needs and services the home will provide to meet these needs.

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 #3's support plan has been updated.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident records to ensure all residents have an accurate support plan completed in its entirety within 30 days of the assessment that includes all of the resident's diagnoses and care and service needs as indicated on the resident's most recent assessment.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall develop and implement a system to ensure resident support plans are immediately updated as residents care needs change.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Howard Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA HOWARD* Date *7-17-15*

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

The above plan of correction is approved as of 7-31-15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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