



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

Ms. Deneane R. Armel, Administrator/Owner
142 Fairview Avenue
Confluence, Pennsylvania 15424

RE: Deneane's Personal Care Home
License #: 321520

Dear Ms. Armel:

As a result of the Department of Human Services' licensing inspection on January 23, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period February 28, 2015 to February 28, 2016 was issued on November 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: DENEANE S PERSONAL CARE HOME		License Number: 32152
Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneane Armez		Region: WEST
Legal Entity Name: DENEANE ARMEZ		
Legal Entity Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/08/1999 Labor & Industry		MAR 20 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/23/2015: Flinger-Alman, Lisa; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 18 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: 4 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 12 Have Mental Illness: 5 Have an Intellectual Disability: 7 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

MAR 20 2015

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

WEST REGION FIELD OFFICE
Harrisburg, PA

2a. DESCRIPTION OF VIOLATION

The home did not obtain a written receipt from resident #1 for a cash disbursement of \$70.00 on 10/3/14.

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

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

The home will ensure to obtain written receipts for all cash disbursements. The home normally has a resident sign for all cash disbursements, however, must have over looked it as a mistake on 10/3/14. The home & Administrator will be more mindful when handling residents cash disbursements.

By 4/15/15 - All staff involved with handling residents funds will be reeducated on this requirement.

By 4/15/15 - The administrator will review all residents cash disbursements at least monthly, to ensure proper procedures, including obtaining residents' signatures, are followed.

[Signature]
3/26/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane B. Armel* Date *3/9/15*

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

The above plan of correction is approved as of 3/26/15 (Date)

Plan of correction implementation status as of 3/26/15 (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: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Staff person B, the home's administrator, completed only 22 hours of annual training during the 2014 training year.

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

Adm. Completed 25 hrs. of training for 2014. } unacceptable portion of plan.

Please see attached documentation.

CPR and First Aid Training completed in 2013, therefore are not counted in the 2014 training hours.

By 12/31/15 - The administrator will complete 2 hours of administrator training in addition to the 24 hours of required training for 2015. These additional hours may be completed online.

3/26/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armet* Date *3/9/15*

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Plan of correction implementation status as of 3/26/15 (Date)

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

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

2

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

MAR 20 2015

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 8/15/12, direct care staff person C, hired 8/15/86, and direct care staff person D, hired 4/23/12, did not receive training in caring for residents with mental illness and mental retardation during training year 2014. The home serves 5 residents diagnosed with a mental illness and 7 residents with intellectual disabilities.

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

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

Adm. will ensure that all staff receive all of the required trainings each year. Adm. will audit training monthly to ensure all staff participated & completed the trainings.

Immediately - all direct care staff persons will receive training in care for residents diagnosed with mental illness and intellectual disabilities.

3/26/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Arnel

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

Deneane S. Arnel

Date

3/9/15

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3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

MAR 20 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S 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 an annual 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.

Please see the Attached
Annual Staff Training Plan
for 2015.

By 12/31/15. The administrator will ensure that
an annual staff training plan is completed
for 2016.

[Signature]
4/1/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deneane S. Arnold*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deneane S. Arnold* Date *3/9/15*

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

The above plan of correction is approved as of 4/1/15
(Date)

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

Plan of correction implementation status as of 4/1/15
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32152 - 01/23/2015 - Flinger-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

MAR 20 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The lights outside the front door and the dining room exit door were inoperable.

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

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

Light bulbs were immediately replaced in exterior lights. Adm. will check all exterior lighting weekly to ensure all outside lighting is working properly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Arnold

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

Deneane S. Arnold

Date 3/9/15

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The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

The above plan of correction was approved by

DS
(Initials)

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

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There was no handrail at the 5" step from the first floor exit in the home's addition.

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 exit is normally level with the ground outside. Some gravel moved slightly to cause a slight step. Staff immediately moved gravel back in place so there was not a step and the exit was level to the ground outside. Adm. will also have a Contractor put in a hand rail as soon as the weather allows. This way, if the gravel moves again there will be a hand rail to ensure safety.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane R. Armel

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

Deneane R. Armel

Date 3/9/15

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The above plan of correction is approved as of 3/26/15
(Date)

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

Plan of correction implementation status as of 3/24/15
(Date)

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

Violation Report: 32152 - 01/23/2015 - Flinger-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

MAR 23 2015

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There were no nonskid surfaces on the front porch ramp or steps or on the exterior steps leading from the 2nd floor to the 1st floor.

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

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

There was non-skid paint in both of these areas, however, the paint was worn due to weather. As soon as the weather allows, ^{BY 4/30/15 per 4/1/15} Adm. will ensure that non-skid paint or another non-skid surface will be ^{re-}applied to both areas. Adm. will also check these areas weekly to ensure resident safety. Immediately - a designated staff person will maintain the steps daily to ensure there is no snow or water on the indicated areas.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Deneane R. Arnel

Date 3/9/15

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

The above plan of correction is approved as of

3/24/15
(Date)

Plan of correction implementation status as of

4/1/15
(Date)

The above plan of correction was approved by

(Initials)

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

MAR 20 2015

Violation Report: 32152 - 01/23/2015 - Flinger-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The first aid kit did not include antiseptic or tweezers.

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.

Antiseptic & tweezers were immediately placed in the first aid kit. Adm. will check first aid kit weekly to ensure all items are included.

By 4/15/15 - All staff persons will be educated on replacing items removed from the first aid kit after use.

3/26/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane R. Arnold*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Arnold* Date *3/9/15*

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Plan of correction implementation status as of 3/26/15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

MAR 9 5 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 a.m., approximately 1" of snow covered the exterior fire exit steps leading from the 2nd floor to the 1st floor.

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

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

Staff was reminded that all snow must be removed from all areas. Adm. will continue to check all exterior exit areas ensure that all snow and ice is removed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Arndt

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

Deneane S. Arndt

Date *3/9/15*

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

The above plan of correction is approved as of 3/24/15
(Date)

Plan of correction implementation status as of 3/20/15
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S 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

The temperature in the black, side-by-side kitchen freezer measured 6 degrees Fahrenheit.

There was no thermometer in the chest freezer in the basement, next to the dry storage shelves.

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 freezer was turned to a colder setting & reached 0°F.

A thermometer was in the chest freezer, but buried under food.

Adm. will check all freezers weekly to ensure all thermometers are present & all freezers are below 0°F.
By 4/15/15 - All staff persons involved in food preparation will be reeducated on this requirement, and to check refrigerator and freezer temperatures daily. @ 3/26/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Arnel

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

Deneane B. Arnel

Date 3/9/15

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

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

The above plan of correction was approved by

DA
(Initials)

MAR 26 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following unsealed foods were stored in the black side-by-side kitchen freezer:

- * A large plastic bag with 4 pieces of chicken
- * A small bag of 5 pieces of chicken

The following unsealed foods were stored in the black, side-by-side kitchen refrigerator:

- * A large bag of mozzarella cheese
- * A bag of chipped ham

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 food ^{that} was ~~not~~ sealed was immediately thrown away.

Adm. will check all food weekly to ensure that all food is labeled, dated & sealed.

By 4/15/15 - All staff involved in food preparation will be reeducated on keeping food in stored and sealed containers.

J 3/26/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Deneane R. Arnold*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Arnold* Date *3/9/15*

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

The above plan of correction is approved as of 3/26/15 (Date)

Plan of correction implementation status as of 3/26/15 (Date)

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

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

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S PERSONAL CARE HOME

MAR 20 2015

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There were 8 undated frozen hamburger patties in the white kitchen freezer.

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 food was immediately thrown away.

Adm. will check all food weekly to ensure that all items are labeled, dated & sealed.

By 4/15/15 - all staff will be reeducated on keeping all food dated.

3/26/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane S. Arnel

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

Deneane R. Arnel

Date 3/9/15

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

The above plan of correction was approved by

GA
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 23 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/23/15, the home served 18 residents, requiring 54 gallons of emergency drinking water; however, only 39 gallons of emergency drinking water was stored in the home.

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

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

The home ordered more water to ensure 54 gallons of emergency drinking water.

Adm. will check the water supply weekly to ensure that enough water is always present in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane R. Armet

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

Deneane R. Armet

Date 3/9/15

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

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

The above plan of correction was approved by

RA
(Initials)

MAR 20 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa

PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

A gray cat was observed on the home's property. According to staff interviews, it is a stray that residents allow inside the home; however, the home does not have a current rabies vaccination for the cat.

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

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

A home was found for the stray cat and the cat is no longer on the home's property. The home does have a dog as a house pet with current rabies vaccination. The home will ensure that any animal in the home will have current rabies vaccination.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane R. Arnel

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

Deneane R. Arnel

Date 3/9/15

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

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

The above plan of correction was approved by

JA
(Initials)

MAR 27 2015

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is the front porch; however, there was a green vinyl couch and black leather couch in this area, with buckets nearby containing cigarette butts.

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.

Both Couch's were moved away from the smoking area.
Staff was reminded that this furniture was not permitted near the smoking area. Adm. will check this area weekly to ensure that there are not any fire hazards in the smoking area.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane L. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armet* Date *3/9/15*

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The above plan of correction is approved as of 3/26/15 (Date)

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

Plan of correction implementation status as of 3/26/15 (Date)

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

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S 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

The menu for the upcoming week was not posted 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.

A menu was posted immediately in the home's dining room.

Adm. will check weekly to ensure that the menus remain posted.

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

Signature of Legal Entity Representative (Required on EVERY Page) Deneane R. Arnold

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deneane R. Arnold Date 3/9/15

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The above plan of correction is approved as of 3/26/15 (Date)

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

Plan of correction implementation status as of 3/26/15 (Date)

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

Violation Report: 32152 - 01/23/2015 - Flinger-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There were 3 syringes of Lorazepam 2mg/ml for resident #2 in the medication cart; however, the manufacturer's instructions indicate the medication should be stored in a refrigerator.

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 Lorazepam was immediately discarded & replaced. All staff was reminded of the importance of the storage of medication. Medication will be audited weekly to ensure storage in accordance with the manufacturer's instructions.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deneane R. Armet

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

Deneane R. Armet

Date 3/9/15

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

PITTSBURGH REGION FIELD OFFICE
Pennsylvania Medication Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Clonazepam 1mg, take 1 tablet by mouth 3 times a day. The home's controlled substance count sheet indicated 22 tablets were available; however, there were 32 tablets in the medication cart.

Resident #3 is ordered Lorazepam 0.5mg, take 1/2 tablet (0.25mg) by mouth 2 times a day. The home's controlled substance count sheet indicated 11 tablets were available; however, 22 tablets were in the medication cart.

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

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

Staff did not add a medication delivery to Resident # 2 & 3
Controlled Substance Count Sheet.

Adm. reminded staff of the importance of having accurate, Controlled
Substance Count Sheets.

Adm. will audit the count sheets weekly to ensure accuracy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armel* Date *3/9/15*

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The above plan of correction is approved as of 3/26/15
(Date)

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

Plan of correction implementation status as of 3/26/15
(Date)

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

Violation Report: 32152 - 01/23/2015 - Flinner-Alman, Lisa
PCH Name: DENEANE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
The weekly activity calendar was not posted in a public and conspicuous place in the home.

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

An Activity Calendar was immediately posted.
Adm. will check weekly to ensure the Activity Calendar is posted.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deneane R. Armel*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deneane R. Armel* Date *3/9/15*

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(Date)

Plan of correction implementation status as of 3/26/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

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