



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PLYMOUTH MANOR PERSONAL CARE CENTER LLC
LEGAL ENTITY

To operate PLYMOUTH MANOR PERSONAL CARE CENTER
NAME OF FACILITY OR AGENCY

Located at 120 MARTZ MANOR, PLYMOUTH, PA 18651
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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

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

Restrictions: _____

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

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

and shall remain in effect from March 10, 2015 until March 10, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225870

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2015

Mr. Christopher S. Lehmann, Member
Plymouth Manor Personal Care Center, LLC
144 North Main Street
Old Forge, Pennsylvania 18518

RE: Plymouth Manor Personal Care Center
120 Martz Manor
Plymouth, Pennsylvania 18651
License #: 225870

Dear Mr. Lehmann:

As a result of the Department of Human Services' licensing inspection on January 28, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

Sincerely,

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

Matthew J. Jones
Director *sh*

Enclosures
License
License Inspection Summary

Violation Report: 22587 - 07/28/2015 - OHare, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 56 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
 The home's MAR's and Narcotics Count Books was observed at 9:20 am on the date of inspection, out and unattended on top of the Med carts located in the main hall. Unauthorized persons had access to confidential resident information.

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.

PCA's have been counseled on the importance of regulation on privacy of resident info MAR's. Staff training provided on Resident Record Privacy & Confidentiality. 2-20-15.

PCA's will lock MAR's in med drawer if not at the cart. NO MAR'S will be left on top of med cart. MAR'S will only be accessible to PCH staff, resident & residents designees, Or appropriate agency employees, physicians etc.

Administrator will monitor MAR'S & med carts in use for proper safeguards of res. MAR. & that they are not accessible.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christopher S. Lehman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christopher S. Lehman</i>	Date <i>2/21/15</i>

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

The above plan of correction is approved as of <u>3/2/15</u> (Date)	Plan of correction implementation status as of <u>3/2/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Name)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22587 - 01/28/2015 - Orlare, Ann
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home did not keep the licenses for its visiting home health agencies and the professional licenses for their staff current
 Bayada Home Health - Expired agency license 6-30-2013
 Expired professional licenses:
 Staff Person "A" RN 4-30-13
 Staff Person "B" -PT 2-21-12
 Staff person "C" PT 12-31-08
 Staff person "D" PT 2-31-12
 Staff Person "E" Speech Therapy 7-31-14
 Personal Care Home Health Services - Agency license expired 12-31-2013

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

Current Bayada license in place.
 Current License on employees D
 All others no longer employed at Bayada
 Administrator will keep current
 Licenses for outside providers
 upto date.

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)		Date
Christopher J. Lehmann		2/21/15

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Violation Report: 22687 - 01/26/2015 - OHare, Anne PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER	
1. REGULATION 55 Pa.Code §2600 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION The home had several oak dining room chairs located in the main dining room that had loose legs and backs causing the chairs to be unsteady.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) (Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)	
<p style="font-size: 1.2em;">Dining Room Oak chairs have been repaired with a special compound to repair the unsteadiness of legs due to becoming loose from wear. Compound applied to all legs of wooden oak chairs. Chairs are steady now. Chairs safe.</p> <p>Staff made aware to check steadiness of chairs frequently while in dining room.</p> <p>Adm or Designee will also do facility walk-throughs to staff counsel at staff meeting on importance of checking chairs/furniture for steadiness/safety issues.</p> <p>Maintenance repaired oak chairs and will monitor.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christopher J. Lehman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehman	Date 2/3/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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Violation Report: 22587 - 01/26/2015 - Orlene, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

The bathroom located adjacent resident bedroom #19 had a heavy layer of a brown substance on the toilet seat and floor in front of the commode.

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.

Rm #19 - toilet & to. let seat replaced
 due to wear.

Floor replaced due to wear.

Maintenance will continue to monitor Res. rooms for maintenance needs and repairs which will be done upon discovery. Adm/ Designer will monitor for on-going compliance. Q.

Repeat Violations: Yes _____ Date(s) of Previous Violation(s): 06/30/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehman Date 7/21/15

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The above plan of correction is approved as of 3/2/15
 (Date)

Plan of correction implementation status as of 3/2/15
 (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: 22587 - 01/29/2015 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
 The bathroom ventilation fan located in the bathroom adjacent to resident bedroom #19 was not operational.

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.

Fans has been replaced. a new fan installed.

Maintenance will continue to monitor Res. rooms fan maintenance needs & repairs which will be done upon discovery.

Adm/Designee will monitor for ongoing compliance. *cf*

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christopher J. Lehman</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Christopher J. Lehman	2/21/15

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The above plan of correction is approved as of 3/2/15
 (Date)

Plan of correction implementation status as of 3/2/15
 (Date)

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

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

Violation Report: 22587 - 01/28/2015 - O'Haire, Anna
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2609
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident # 7 did not have the health status and cognitive functioning sections completed.

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.

Med. eval corrected and completed with all needed info.

Administrator in process of chart review at time of inspection will send to Physician to *
 Administrator will fill all areas of or med. eval. and complete in its entirety.
 Administrator will review all med. evals. for current & completed info.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman* Date: *2/11/15*

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The above plan of correction is approved as of 3/2/15 (Date)

Plan of correction implementation status as of 3/2/15 (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: 22587 - 01/28/2015 - Chairo, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code § 52800
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The last medical evaluation for Resident # 2 was completed on 12/7/2013.

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

The current med. Eval. was in residents chart. A copy is enclosed.

New Med eval completed
 Administrator in process of chart review.

Administrator will review charts for current or needed med. evals. send to Physician to *

Administrator will update med. evals & make sure they are current.

Administrator will review charts for organization.

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 06/30/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehman Date 2/24/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

Violation Report: 22587 - 01/28/2015 - Offaire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 35 Pa. Code § 2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 1/28/15, the medication Lantus for Resident # 3 that had been opened on 12/27/14 was still in the medication refrigerator. The medication has a shelf life of 28 days after being opened.

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.

Lantus was discarded.
 New Lantus was opened for res.

PCA's were counseled on expiration on insulins, importance of checking dates.

Staff training provided on 2-20-15 on proper insulin storage.

Administrator will monitor insulin storage weekly, and date opened on each med. *OP*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christy Ann S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy Ann S. Lehmann* Date *2/21/15*

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The above plan of correction is approved by of *3/2/15*
 (Date)

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

Plan of correction implementation status as of *3/2/15*
 (Date)

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

Violation Report: 22587 - 01/28/2015 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 The following medications were expired and still available in the medication carts:
 Resident # 4's Q-Tussin DM syrup, expired 11/14
 Resident # 5's Anti-Diarrheal 2mg, expired 1/13/14
 Resident # 6's Acetaminophen 325 mg, expired 1/23/14
 Resident # 7's Albuterol 0.083% expired 12/14

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.

All above medications were removed & discarded.
 PCH staff counseled on medication expiration dates, clean lines of med carts
 staff training 2-10-15 medication dates, checking meds & med carts for expired dates on meds.
 Administrator will monitor med carts weekly

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 08/30/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Christy J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy J. Lehman* Date *2/11/15*

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

Violation Report: 22567 - 01/28/2015 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2800
 2600.187(s) - 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:
 At 2:30pm on 1/28/15, Resident #8's 5:00pm medications were already signed for, but had not been given yet.
 At 2:30pm on 1/28/15, Resident #6's 4:00pm medication (oral Albut 0.5-3mg, already signed for but had not been given yet.
 Resident #6's prescription for Duocaine Sed. did not have a diagnosis and the Resident's medication administration record for Advair HFA was not initiated when the medication was given on 1/27/15 at 8:00pm.
 Resident #5 is prescribed Lorazepam. The resident's medication administration record did not have a diagnosis listed for this medication.

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.

*MARs have been corrected for diagnosis.
 PCA staff made error & signed medication in wrong time slot. MAR time corrected & initials corrected.
 Administrator will monitor MARs.
 PCA staff counseled on med. administration, proper policy & procedure - med - 5 R's. Documented.
 Staff training 2/00-15 for PCA's proper med. Administration & Documentation.*

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 12/12/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehmann Date: 2/21/15

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The above plan of correction is approved as of 3/2/15 (Date)
 Adm/Designee to monitor for ongoing compliance.
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 3/2/15 (Date)

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

Violation Report: 22587 - 01/28/2015 - CHairn, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Medication errors are not being reported to the residents' designated persons.
 Resident # 2 had medication errors on the following days: 4/17/14, 6/9/14, 6/20/14, and 10/2/14. The doctor and the resident were notified, but the designee was not.
 Resident # 9 had a medication error on 6/5/14. The doctor and the resident were notified, but the designee was not.

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.

Res 2 - Does not want anyone called regarding his status. It is charted in his nurses notes. Res. does not want any family or responsible party called regarding his health, health status, changes, needs etc. Res. stated He is to be the only one to contact Resp. party with info if he wants them to have info.

2015 PCA - Training - Contact resp. party for health needs, always chart resident request or refusals.

Report Violation No.	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Ahmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Ahmann Date 2/2/15

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Plan of correction implementation status as of 3/2/15 (Date)

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- Not Implemented