



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 01 2015

Mr. Dennis Martella, Board President
Dubois Continuum of Care Community, Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Dear Mr. Martella:

As a result of the Department of Human Services' licensing inspection on February 3, 2015, February 4, 2015, March 4, 2015 and March 5, 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 June 4, 2015 to June 4, 2016, was issued on March 9, 2015. 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: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed "Furosemide 20mg - take 1 tablet by mouth every other day". The medication was not available in the home and not administered on the following dates: 12/25/14, 12/27/14, 12/29/14, 12/31/14, 1/2/15, and 1/4/15. The home did not report the incident to the Department.

Resident #1 is prescribed "Furosemide 20mg - take 1 tablet by mouth every other day". The medication was administered daily from 12/3/14 through 12/24/14 and from 1/5/15 through 1/20/15. The home did not report the incident to the Department.

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

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

Resident #1 no longer resides in the facility. However, while a resident, the Resident Case Manager communicated with the attending physician and pharmacy to correct any future lapses in provision of prescribed medications.

A tracking system will be developed to alert care-based med techs when awaiting refills of a resident's medication and the destination steps that have been taken to procure the physician-ordered medications. The Resident Case Manager/Assistant will provide education to the med tech staff reminding that the lack of provision of physician ordered medications must be reported to the Department's Personal Care Regional Office. Staff training will be completed by September 18, 2015. The tracking log on each unit will be provided by the Resident Case Manager/Assistant weekly for six weeks and monthly for 3 months. Findings of non-compliance will be reported to the Administrator to be addressed accordingly and submitted to the Quality Management Committee.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy A. Hecker*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sammy A. Hecker, Administrator* Date *8/2/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

Plan of correction implementation status as of 9/8/15
(Date)

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

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

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 31 2015

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

On 2-4-15, a sign was posted on the inside wall of the entrance to the Dogwood Nurse's station, visible from the common hallway, describing behavioral interventions for resident #2, including "If there are any major behavioral problems, ie raising hand to hit others, physical assault upon others, we are to call Generations not Crisis. They will admit."

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 sign posted on the wall of the Dogwood Nurses' station in reference to Resident R.2. was immediately removed. Family members and staff on duty at the time were educated by the Resident Case Manager regarding assuring the confidentiality of resident information. A general in-service will be conducted by the Resident Case Manager (desirable on handling requests by family) on how to post/convey resident information in a confidential manner. Training will be completed by September 18, 2015. The Resident Case Manager/Assistant will check the postings on both units weekly for six weeks to assure there is no confidential resident information visible to the public. Findings will be reviewed in the Quality Assurance meeting to determine need for further interventions and/or monitoring.

Immediately - A designated staff person on each shift shall monitor the home daily to ensure all resident records, including postings which include confidential information, are kept locked and inaccessible. J.M. 9/8/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirley A. Horner

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

Shirley A. Horner, Administrator

Date 8/2/15

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

The above plan of correction is approved as of

9/8/15
(Date)

Plan of correction implementation status as of

9/8/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J.M.
(Initials)

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There is a shower curtain used as a door for the toilet stall in the Dogwood unit shower room. The door to the shower room does not lock to provide privacy while using the restroom.

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.

Privacy locks have been installed on the doors to both common shower rooms. Education has been provided to direct care staff on providing privacy to residents to include while bathing and using the restroom. Additional education will be scheduled, provided by the resident care manager, designed and completed by September 18, 2015. Random weekly audits for two months will be conducted by the administrator/designee of both units, ensuring to assure that privacy has been provided to residents. Findings will be reviewed in the Quality Assurance meeting to determine need for further interventions and/or monitoring.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Johnny L. Hester*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Johnny L. Hester, Administrator* Date *8/27/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

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

Plan of correction implementation status as of 9/8/15
(Date)

Fully Implemented *JLH*

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 8 2015

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 2-4-15, there were 3 unlabeled towels on the towel bar in the shared bathroom of room #112.
On 2-4-15, there were 2 bars of unlabeled soap in a cup on the bathroom sink of room #112.

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 unlabeled towels and soaps were immediately removed and replaced with fresh items. Storage areas in all rooms with debris occupancy were reviewed and labeled for each individual resident. Fresh items were provided as needed. Staff and resident education has begun and will be completed by the Administrator/ director by 9/12/15. An audit of all shared rooms will be conducted by Administrator/ director. Quarterly for three quarters to determine if the labeling of towel racks, etc. is in place. Findings will be reviewed in the Quality Assurance meeting to determine need for further interventions and/or monitoring.

Immediately - A designated staff person shall check the home weekly to ensure towels and soap in shared bathrooms are labeled. *PN - 9/8/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tracy A. Hooper

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

Tracy A. Hooper Administrator

Date *8/27/15*

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

The above plan of correction is approved as of

9/8/15
(Date)

Plan of correction implementation status as of

9/8/15
(Date)

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

The above plan of correction was approved by

PN
(Initials)

RECEIVED

AUG 31 2015

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
On 2-3-15, the ceiling in the stair tower of Laurel Lane had a 7" x 8" hole, exposing a wooden beam.

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 7" x 8" hole exposing a wooden beam has been repaired. The maintenance director has been instructed by the administrator regarding maintaining floors, walls, and ceilings in good repair. Quarterly facility audits for these quarters will be completed by the administrator. All vulnerable areas are maintained in good repair. Findings will be reviewed at the Quality Assurance meeting to determine need for further interventions and/or monitoring.

Immediately - A designated staff person shall check the home weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. *AD 9/8/15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy A. Horner*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Sammy L. Horner Administrator* *8/12/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

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

Plan of correction implementation status as of 9/8/15
(Date)

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

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 31 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
On 2-4-15, resident #3 did not have a source of light that can be turned on/off from bedside.

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 bedside lamp was re-placed and tested to assure operability. Each resident was provided a lamp. Staff education provided by the Administrator on shared room requirements. Quarterly resident shared room audit being performed by Administrator. Resident and unit continue for three quarters. Findings will be reviewed in the Quality Assurance meeting to determine need for further interventions and for monitoring. Completion date 9/18/15.

Immediately - A designated staff person shall check the home weekly to ensure each resident bed has a lamp or source of lighting which is operable. *J.D. 9/18/15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Timmy K. Horner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Timmy L. Horner Administrator* Date *8/27/15*

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

The above plan of correction is approved as of 9/18/15
(Date)

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

Plan of correction implementation status as of 9/18/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.D.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

AUG 27 2015

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 2-3-15, a 1/4 inch accumulation of lint was in the lint trap of the resident dryer on Laurel Lane.

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 lint trap was cleaned immediately. Staff and resident education was provided by the Administrator. A weekly lint trap audit will be performed by maintenance for six months. Findings will be reviewed in the quality assurance meeting to determine need for further interventions and/or monitoring.

Immediately - A designated staff person shall check lint traps daily to ensure that lint is being removed after each use. *AK. 9/8/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Danmy R. Hovaw

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

Danmy R. Hovaw Administrator

Date

8/2/15

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

The above plan of correction is approved as of 9/8/15
(Date)

Plan of correction implementation status as of 9/8/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *AK.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 31 2015

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 2-3-15, an accumulation of outside chair cushions were on a table within 3" from the boiler in the maintenance storage 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 chair cushions were immediately removed from the boiler area in the maintenance storage room. Tape was placed on the floor around the boiler, indicating the space that must remain free of any stored items. A sign was posted to this effect, indicating that the area inside of the tape, closest to the boiler tank is to be kept clear of any storage items. Staff education was provided by the Administrator. Random audits of the area will be completed weekly for six months. Findings will be reviewed in the Quality Assurance meeting to determine need for further interventions and/or monitoring.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Howe Administrator* Date *8/27/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

Plan of correction implementation status as of 9/8/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.n.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *g.n.*
(Initials)

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 31 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11-27-14; however, the resident's medical evaluation was completed on 9-24-14, which exceeded 60 days prior to admission.

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.

Attempt to schedule an appointment for a current DME was unsuccessful due to resident R's discharge from the facility. Staff involved in completion of paperwork was re-educated on the regulation that the DME must be completed and signed by the physician 60 days prior or within 30 days after admission. Admission and DME dates for residents admitted with the last year will be compared to identify any other resident who may need a current DME completed. New admissions will be required to have a DME completed within the timeframe or have an appointment prior to admission. A quarterly audit for three quarters will be completed by the Resident Care Manager/designee to determine compliance. Findings will be reviewed in the Quality Assurance Meeting to determine need for further interventions and/or monitoring.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sammy L. How

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

Sammy L. How Administrator

Date *8/2/15*

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

The above plan of correction is approved as of

9/8/15
(Date)

Plan of correction implementation status as of

9/8/15
(Date)

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

The above plan of correction was approved by

PH
(Initials)

AUG 31 2015

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

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

On 2-3-15, a green cloth bench cushion was behind a bench in the Dogwood patio smoking area.

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 green cloth cushion was immediately removed from the Dogwood smoking area and education was provided to residents and staff by the Administrator. New Fire Retardant cushions were purchased for the smoking area benches. The Maintenance Director/Designer will complete weekly audits for three months to assure the smoking area remains free of flammable items. Findings will be reviewed in the Quality Assurance Meeting to determine need for further interventions and/or monitoring.

Immediately - A designated staff person shall check all designated smoking areas daily to ensure they are clean and do not contain hazards or any flammable or combustible materials. *PD. 9/8/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sammy L. Hester

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

Sammy L. Hester Administrator

Date *8/27/15*

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

The above plan of correction is approved as of

9/8/15
(Date)

Plan of correction implementation status as of

9/8/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PD.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

PD.
(Initials)

AUG 31 2015

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Resident #4 self-administers medication. On 2-4-15, a bottle of multivitamins, which expired in June 2014, was present in the resident's medication cupboard.

On 2-4-15, resident #5's Lidocaine ointment, which was discontinued on 1-26-15, was still present 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.

The Resident Care Manager/designee explained to Resident #4 & #5 that some of their medications were expired and had to be discarded. Resident #4's multivitamins and Resident #5's Lidocaine ointment were removed from storage areas and disposed. The medications of all residents who self-administer meds will be reviewed by Resident Care Manager to determine if all medications are current and safe to ingest. Education was provided to residents and staff on "Self-Administration of Medications". The Resident Care Manager was educated by the Administrator on how to perform resident assessments for self-administration to determine level of competence related to continued ability, safety and security of the medications. Medication staff were re-educated by the Resident Care Manager to ensure that the Medication Administration Records are up to date, that discontinued meds are removed from storage & disposed. Monthly med cart audits will be conducted by the Resident Care Manager/designee to ensure compliance with expiration dates. Findings will be reviewed in the Quality Assurance Mtg. to determine need for further intervention & monitoring.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Henne*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Henne Administrator* Date *8/2/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

Plan of correction implementation status as of 9/8/15
(Date)

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

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

RECEIVED

Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

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

AUG 31 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed "Furosemide 20mg - take 1 tablet by mouth every other day". The medication was not available in the home and not administered on the following dates: 12/25/14, 12/27/14, 12/29/14, 12/31/14, 1/2/15, and 1/4/15. In addition, the medication was administered daily from 12/3/14 through 12/24/14 and from 1/5/15 through 1/20/15.

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

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

The medication availability for Resident #1 was documented. Staff was re-educated that direction of the prescriber must be followed and lack of availability of medication is not acceptable. Re-education on medication administration was provided to staff by Resident Care Manager. Medication Administration Logs and Medication Check audits will be completed monthly for six months by the Resident Care Manager/designee. Findings will be reviewed in monthly Assurance Meeting to determine need for further interventions and/or monitoring.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy A. Horner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sammy A. Horner Administrator*

Date *9/1/15*

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

The above plan of correction is approved as of 9/8/15
(Date)

Plan of correction implementation status as of 9/8/15
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *SH*
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Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 23 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment, dated 12/23/14, does not address the resident's need for the left leg to be elevated, as indicated on the medical evaluation, dated 12/10/14.

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 #4's need for his/her left leg to be elevated was added to RASP. Staff computing RASP was re-educated that all items on DME must be addressed in the RASP. A correction audit of DME's completed over the previous year will be re-audited by the Resident Care Manager/designee to identify any resident which may need additional items added to their RASP. Findings will be reviewed in the Quarterly Assurance Meeting to determine need for further intervention and/or monitoring.

Within 30 days of receipt of plan of correction - A designated staff person shall review all resident records to ensure each resident has an accurate and thorough assessment completed, to include all diagnoses from most recent medical evaluation. 9/18/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Horne*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Horne, Administrator* Date *8/12/15*

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

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(Date)

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

Plan of correction implementation status as of 9/8/15
(Date)

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Violation Report: 31606 - 02/03/2015 - Whitney, Diane
PCH Name: DuBois Village

AUG 31 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 #5 is diagnosed with coronary artery disease and is assessed to self administer nitrolingual spray as needed. The support plan, dated 11/20/14, does not indicate the ability to self administer 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.

Resident's 2015 Support Plan was updated to include self-administration of nitrolingual spray for which the resident was assessed. Staff education will be provided by Resident Care Manager emphasizing inclusion of all DMI information and results of any additional assessments. The Resident Care Manager will review all RASP's going forward to ensure they contain the required resident care information. The Resident Care Manager will maintain a log of the reviews ongoing for six months. Findings will be reviewed in monthly Assurance Meeting to determine need for further interventions and/or monitoring.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Tammy L. Heine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tammy L. Heine Administrator</i>	Date <i>8/27/15</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>9/8/15</u> (Date)	Plan of correction implementation status as of <u>9/8/15</u> (Date)
The above plan of correction was approved by <u>JLH</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented