



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Dr. Dennis W. Nebel, Psy.D., Executive Director
Westfield Behavioral Health Affiliates, Inc.
130 West North Street
New Castle, Pennsylvania 16101

RE: Westfield
5826 Old Pulaski Road
New Wilmington, Pennsylvania 16142
License #: 474240

Dear Dr. Nebel:

As a result of the Department of Human Services' annual licensing inspection on February 4, 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.

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: WESTFIELD		License Number: 47424
Address: 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 16142		County: Lawrence
Administrator: Kim Perrino		Region: WEST
Legal Entity Name: WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy C-3 SP 12/13/1996 Labor and Industry		RECEIVED SEP 30 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2015: Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

SEP 23 2015

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 10:03 AM, 12:55 PM, and 4:07 PM the medication administration records (MARs) for the eight residents of the home were unlocked and unattended on top of the medication cart in the hallway.

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

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

Following the annual inspection the staff have had ongoing training and instruction in regards to the importance of keep all resident files and MAR's confidential. The staff has made it a priority to keep the MAR's in the staff office, when the office is unattended by staff the staff is instructed to keep the door locked. To ensure that all records are kept confidential all staff and administrator check periodically throughout the day, that all files are in the proper location.

Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records, including all medication administration records (MARs), are kept locked and inaccessible.

Within 15 days of receipt of plan of correction - All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location. Documentation of education shall be kept.

J.W. 10/19/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino PCH Administrator* Date *9/4/15*

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

The above plan of correction is approved as of 10/19/15
(Date)

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

Plan of correction implementation status as of 10/19/15
(Date)

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 06, had only 4.5 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

To ensure that all staff has at least the required 12 hours of training per year I have implemented and placed in each DCS personal file a staff training record. This will help to ensure what trainings staff has had, how many hours and the topic of training. I have also implemented a monthly checklist with this form included on it for myself.
Both forms are in this packet.

Staff person A completed 7.5 hours of additional annual training by 7/31/15.

Immediately - The administrator will monitor staff training through the quality management review to ensure all staff receive 12 hours of annual training related to their job duties during the established training year.

Within 15 days of receipt of plan of correction - The administrator will review all staff training records to ensure all staff have received the required 12 hours of annual training in the 2014 training year and documentation is kept.

9/10/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino PCH Administrator* Date *9/4/15*

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(Date)

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(Initials)

Plan of correction implementation status as of 10/19/15
(Date)

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 06, did not receive training in the following topics during the 2014 training year.

- * Instruction on meeting the needs as outlined in preadmission, assessment, medical evaluation and support plan
- * Safe management techniques
- * Care for residents with mental illness or intellectual disability

The home currently serves 8 residents with a mental illness diagnosis.

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

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

I have implemented a staff training record with all required training topics as listed in the 2600 regulation manual to ensure that staff meets all training requirements for the calendar year. To ensure this tool is used effectively I have put OCS files as a monthly topic to check.

Both of these forms are enclosed in this packet.

Staff person A completed annual training in the missed topics on 10/2/15.

Immediately - The administrator will monitor staff training through the quality management review to ensure all staff receive training in all topics specified in 65f during the established training year.

Within 15 days of receipt of plan of correction - The administrator will review all staff training records to ensure all staff have received training in all required topics under 2600.65f during the 2014 training year.

g.w. 10/19/15

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)

Kim Perrino PCH Administrator

Date

9/4/15

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(Date)

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10/19/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *g.w.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

10/19/15

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted]/06, did not receive training in the following topics during the 2014 training year :

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- *Emergency preparedness procedures and recognition and response to crises and emergency situations
- *Resident rights
- *Falls and accident prevention

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

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

I have implemented a staff training record to ensure all trainings that are required in the 2600 regulations have been met. I will use my monthly checklist as tool to ensure that all staff have will have the training topics required.

Both forms are enclosed in packet

Staff person A completed annual training in the missed topics on 10/2/15.

Immediately - The administrator will monitor staff training through the quality management review to ensure all staff receive training in all topics specified in 65g during the established training year.

Within 15 days of receipt of plan of correction - The administrator will review all staff training records to ensure all staff have received training in all required topics under 2600.65g during the 2014 training year.

g.w. 10/19/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino PCH Administrator* Date *9/4/15*

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(Date)

Plan of correction implementation status as of 10/14/15
(Date)

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

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

SEP 10 2015

PCH Name: WESTFIELD

WESTFIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 10:07 AM, there was a 5 21 pound box of laundry detergent, with a manufacturer's label indicating "contact poison control center if swallowed", unlocked and accessible to the residents in the laundry room. Resident #1 has not been assessed safe to use or avoid poisonous materials.

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

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

I have trained all staff on the importance of keeping all poisonous materials locked up at all times to ensure the safety of our residents. To ensure future safety I walk through the home every morning I arrive to check that all materials that are poisonous are locked up. The staff has made considerable progress in this area and continues to improve.

The detergent was placed in a locked closet on 2/4/15.

Immediately - A designated staff person will check the home for unlocked poisonous materials daily.

9/10/15
10/14/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino PCH Administrator* Date *9/4/15*

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(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

SEP 10 2015

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
At 2:25 PM, resident #2 did not have a chair in his/her bedroom.

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

The resident removed his chair from his room without staff and/or Administrators knowledge. A chair was replaced in his room the day of inspection and he was asked to keep the chair in his room due to regulation and he agreed. In the future to ensure all residents have a chair I will walk through each resident room upon their approval and my arrival.

Immediately - A designated staff person will check all resident bedrooms daily to ensure each resident has a chair in their bedroom which meets the resident's needs.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino PCH Administrator* Date *9/4/15*

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(Date)

Plan of correction implementation status as of 10/19/15
(Date)

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

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

SEP 10 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

The lamp in resident #1's bedroom was approximately 5 feet from the bed and could not be turned on/off from bedside.

Resident #3 did not have an operable source of light that could 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 lamp in the residents room was moved by him to make room for his personal belongings. The lamp was immediately moved to his bedside and he was asked to keep it there to ensure his own safety, he agreed to do so. Resident #3's lamp was replaced the following day with a new and operable lamp at his bedside. During my daily walk through the home I will ensure that lamps are operable and at the residents bedside

Immediately - A designated staff person will check all residents' rooms daily to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside.

J.V. 10/19/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

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

Kim Perrino PCH Administrator

Date 9/4/15

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(Date)

Plan of correction implementation status as of 10/19/15
(Date)

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

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

Violation Report: 47424 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

SEP 20 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

There were no window coverings on resident #3's bedroom window.

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

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

The day after inspection window coverings were replaced in resident #3's bedroom. I have added to check window blinds and functioning to my monthly check list to ensure that all residents have window coverings and that they are functional.

Please see enclose in this packet a monthly check list

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino PCH Administrator* Date *9/5/15*

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The above plan of correction is approved as of 10/19/15
(Date)

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

Plan of correction implementation status as of 10/19/15
(Date)

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

SEP 10 2015

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 10:22 AM, the temperature of the kitchen refrigerator was 44 degrees Fahrenheit.
At 10:22 AM, there was no thermometer in the kitchen freezer.
At 10:35 AM, there was no thermometer in the basement 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

New thermometers were purchased for all freezers and refrigerators in the home. I have also purchased extra thermometers to keep on hand in case one breaks or is misplaced, this will ensure there will always be a thermometer in each freezer and refrigerator.

The temperature of the refrigerator was turned down to ensure that food is stored at a safe temperature. The thermometer now reads 39-40°.

I have added to check all thermometers to my monthly checklist to ensure all food is kept at a safe temperature and to ensure there are always working thermometers in each freezer and refrigerator.

Immediately - A designated staff person will check thermometers daily in each refrigerator and freezer to ensure food items are stored at proper temperatures. Documentation of these checks will be kept.

g.u. 10/14/15

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) *Kim Perrino* Date *9/4/15*

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

SEP 10 2015

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

At 10:15 AM, the following items were opened and unsealed in the kitchen pantry closet:

- *1 - 7oz bag of popcorn
- *1 - party size bag of potato chips

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

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

I have purchased clips for the staff to use when they open a box of bag of food. I have also explained the importance of having all food container sealed after opening. Checking all foods is part of my daily walk through.

Food items sealed on 2/4/15.

Staff education completed 2/17/15.

Immediately - A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers.

J.W. 10/19/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jim Perrino

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

Jim Perrino PCH Administrator

Date

9/5/15

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10/19/15
(Date)

Plan of correction implementation status as of

10/19/15
(Date)

The above plan of correction was approved by

J.W.
(Initials)

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

Violation Report: 47424 02/04/2015 - Garrigan, Laurie

SEP 30 2015

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not had a furnace inspection completed within the past 12 months.

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

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

I failed to have a furnace inspection in 2014. To ensure the furnaces are inspected each year I have marked my yearly calendar they need inspected again. They were inspect 5/10/13 then again 3/11/15 following my annual DPW inspection, therefore the furnace will need to be inspected in march every year. I will also be sure to have the certified inspector write that they indeed did an inspection along with any repairs or maintenance that was completed.

The home's furnace was inspected on 3/19/15.

P.V. 10/19/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino PCH Administrator* Date *9/5/15*

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Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

SEP 30 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
The home did not conduct a fire drill during the month of May 2014.

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

I have trained staff on the importance of recording and conducting a fire drill each month. To ensure a fire drill is done each month I have implemented it on my monthly checklist.

Staff education completed 2/17/15.

Immediately - The administrator will monitor the fire drill log monthly to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required under 2600.132c.

9/10/15

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) *Jim Perrino PCH Administrator*

Date *9/4/15*

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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(Initials)

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

SEP 20 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 1/15/14 at 1:00 PM does not include the amount of time it took for evacuation.

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

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

I have trained the staff that it is not only important to have a fire drill but that the documentation for the fire drill is very important also. To ensure fire drills are filed out properly I will check them each month after the fire drill has been conducted.

Staff education completed 2/17/15.

g.v. 10/14/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

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

Kim Perrino PCH Administrator

Date 9/8/15

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

The above plan of correction is approved as of

10/14/15
(Date)

Plan of correction implementation status as of

10/14/15
(Date)

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

The above plan of correction was approved by

g.v.
(Initials)

SEP 30 2015

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

PCH Name: WESTHELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation was completed on 11/12/13; however, the next medical evaluation was not completed until 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.

To ensure that all residents get their Annual updates of medical evaluations I have posted a document in the staff office stating all of the dates that each resident is due for their medical evaluation. I have also put this on my monthly checklist.

Within 15 days of receipt of plan of correction - The administrator will develop and implement a document tracking system to ensure all residents have a current medical evaluation completed within the required timeframe, at least annually. Documentation will be kept.

Within 30 days of receipt of plan of correction - The administrator or designated person will review all current resident records to ensure that each resident has a current medical evaluation completed.

9/20/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino PCH Administrator* Date *9/4/15*

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

The above plan of correction is approved as of 10/19/15
(Date)

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

Plan of correction implementation status as of 10/19/15
(Date)

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

SEP 18 2015

Violation Report: 47424 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

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

At 10:21 AM, the menu on the kitchen refrigerator was only posted through 2/8/15.

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.

Menus have been placed on the refrigerator for 1 month of meals to ensure the residents are informed of what they are having for each meal. This has been added to my monthly check list to ensure there is always at least 2 weeks of menus on the refrigerator.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Perrino PCH Administrator* Date *9/4/15*

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

The above plan of correction is approved as of 10/14/15
(Date)

Plan of correction implementation status as of 10/14/15
(Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not implemented

SEP 0 2015

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600 96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

At 3:36 PM, the first aid kit in the home's van, which is used to transport residents, did not include eye coverings or adhesive tape

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 items missing were purchased the following day of inspection. To ensure that all first Aid Kits have required items and to ensure the safety of each resident I have added this to my monthly check list.

Immediately - A designated staff person will check any vehicle prior to transporting residents to ensure the first aid kit is present and all items specified in 2600.96a are present.

J.W. 10/19/15

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) *Kim Perrino PCH Administrator* Date *9/4/15*

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

The above plan of correction is approved as of 10/19/15
(Date)

Plan of correction implementation status as of 10/19/15
(Date)

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

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

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

There was no pharmacy label on Resident #4's "Breo Ellipta inhaler - inhale one puff daily in the morning".

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

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

I have explained and trained the staff that it is very important that they double check that the pharmacy has printed out the MAR's correctly according to the prescribed medication. To ensure that MAR's are printed correctly from the pharmacy a second DCs has been assigned to check all MAR's and medications when they come in from the pharmacy.

The staff was also trained that if a sample of medication is given to the resident from the provider that the sample still needs a label. In the future the home will not accept samples of medications to avoid error.

Resident #4's medication was updated with the current pharmacy label.

Within 15 days of receipt of plan of correction - All staff persons will be educated that the original container for prescription medications shall be labeled with the current pharmacy label in accordance with regulation 2600.184a. Documentation of the training will be kept.

Within 30 days of receipt of plan of correction - A designated staff person qualified to administer medications will conduct an initial and monthly review of all medications to ensure the original container for prescription medications shall be labeled with the current pharmacy label in accordance with regulation 2600.184a. *P.W. 10/19/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Perrino PCH Administrator</i>	Date <i>9/14/15</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>10/19/15</u> (Date)	Plan of correction implementation status as of <u>10/19/15</u> (Date)
The above plan of correction was approved by <u>P.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>P.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie

PCH Name: WESTFIELD

SEP 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered "Ibuprofen 800mg - Take one tablet every eight hours as needed for pain"; however, this medication is not indicated on Resident #1's February 2015 MAR.

Resident #4 is ordered "Breo Ellipta inhaler - Inhale one puff daily in the morning"; however, this medication is not indicated on Resident #4's February 2015 MAR

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

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

I have revisited and trained the staff on the importance of double checking the pharmacy labels and medications. A second staff was assigned to check the medications to ensure that all medications and labels are correct

Residents #1 and #4's MARs were updated on 2/4/15.

Within 15 days of receipt of plan of correction - The administrator or designated person qualified to administer medications will conduct an initial and monthly review of all resident MARs to ensure each resident has an accurate MAR in accordance with 2600.187a, including all prescribed medications indicated on the MARs.

g.w. 10/19/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

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

Kim Perrino PCH Administrator

Date

9/5/15

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

The above plan of correction is approved as of

10/19/15
(Date)

Plan of correction implementation status as of

10/19/15
(Date)

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

The above plan of correction was approved by

g.w.
(Initials)

RECEIVED

SEP 20 2015

Violation Report: 47424 - 02/04/2015 - Garrigan, Laurie
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1's February 2015 MAR does not include the initials of the staff person who administered "Quetiapine 400mg - take 1 tablet at bedtime" at 9:00 PM on 2/2/15.

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 staff that failed to initial Resident #1's MAR was retrained on documentation of administering medication. I went over the steps of administering medications several times to ensure she does not make this error again.

Immediately - A designated staff person will monitor the medication administration record daily to ensure all medication administration documentation is complete, and accurate. Documentation will be kept.

Within 15 days of receipt of plan of correction - All staff persons who administer medication will be reeducated on proper medication administration procedures including the requirement of recording the administration of medication at the time the medication is administered. Documentation will be kept.

A.P. 10/14/15

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jim Perrino PCH Administrator* Date *9/4/15*

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

The above plan of correction is approved as of 10/14/15
(Date)

Plan of correction implementation status as of 10/14/15
(Date)

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

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

Violation Report: 47424 02/04/2015 - Garrigan, Laurie

SEP 10 2015

PCH Name: WESTFIELD

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 was admitted on [redacted] 14; however, the resident's assessment was not completed until [redacted] 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.

↓
ERROR KP...
9/4/15

I misread this regulation when completing the paper work on a new admission. In the future I will be sure to thoroughly read through all instructions on residents RASP's this will ensure that an error like this will not occur again.

Within 15 days of receipt of plan of correction - The administrator or designated staff person will review all resident assessments to ensure each resident has a completed and accurate assessment within 15 days of admission.

Within 30 days of receipt of plan of correction - The administrator will create and implement a new resident documentation system to ensure all residents being admitted to the home have an assessment completed within 15 days of admission.

9.V. 10/19/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Perrino

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

Kim Perrino PCH Administrator

Date 9/4/15

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

The above plan of correction is approved as of 10/19/15
(Date)

Plan of correction implementation status as of 10/19/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9.V.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *K.P.*
(Initials)