



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Mr. John Williams, President
Maple Valley Personal Care Home, Inc.
2212 Anthony Run Road
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home
License #: 427690

Dear Mr. Williams:

As a result of the Department of Human Services' licensing inspection on March 10, 2015 and March 11, 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 March 8, 2015 to March 8, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: MAPLE VALLEY PERSONAL CARE HOME		License Number: 42769
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: JOHN WILLIAMS		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		
Certificate(s) of Occupancy C 2 LP 05/01/2008 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 26 Waking Staff: 20		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/10/2015: Garrigan, Laune; Park, Beth 03/11/2015: Garrigan, Laune		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED MAY 19 2015 WEST VIRGINIA BLDG OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Arco: 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: 2	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 26 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42789 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

MAY 19 2015

1. REGULATION 55 Pa. Code §2800

WEST REGION FIELD OFFICE
Protective Services Licensing

2600 15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons

2a. DESCRIPTION OF VIOLATION

On 12/21/14 at approximately 4:30 AM, staff persons B and C entered the bedroom of residents #1 and #2 in response to resident #2's incessant screaming to find resident #1 lying in bed on his/her back with their face covered with two pillows and a blue incontinence pad on top of the two pillows. Two shoes were also observed in bed with resident #1 (one shoe belonging to resident # 1 and one shoe belonging to resident #2). When staff removed the pillows and blue pad from resident #1's face, resident #1 was responsive; however, his/her lips were blue and his/her cheeks and forehead were red. Resident #2 asked staff if he/she had killed resident #1. Residents #1 and #2 both have a diagnosis of dementia.

This incident was not reported to the local Area Agency on Aging until 1/13/15

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

In accordance with the home's updated policy, all reports of suspected abuse shall immediately be reported to the local Area Agency on Aging.

The correction(s) for violation of 2600.15(a), 2600.15(d), and 2600.15(e) are:

On April 17, 2015 MVPCH conducted training for all staff on the Older Adult Protective Services Act. Training was provided by [redacted] Supervisor of Protective Services. Issues related to reporting requirements to Aging Services and the Bureau of Human Services Licensing were covered during that training. The handout provided by Protective Services and a sign-in sheet is attached.

*or
6/11/15*

Maple Valley has also rewritten its abuse policy to address any of these shortcomings. The policy was reviewed and approved by Protective Services. A copy of the policy is attached. The policy was reviewed with staff at the April 17, 2015 training.

The violation of 2600.15(d) seems to be a matter of interpretation dealing with the definition of "immediately". Staff response to the situation involved caring for both individuals, making arrangements to have one of them admitted for treatment at the local hospital, administering medication to both residents as per MD orders. All staff have been educated as to the requirement for "immediate" notification to the responsible party.

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

J WILLIAMS - ADMINISTRATOR

5-15-15

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

The above plan of correction is approved as of 6/11/15
(Date)

Plan of correction implementation status as of 6/11/15
(Date)

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

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

Violation Report: 42769 - 03/10/2015 - Gargan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

MAY 19 2015

WEST MICHIGAN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600 15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
On 12/21/14 at approximately 4:30 AM, staff persons B and C entered the bedroom of residents #1 and #2 in response to resident #2's incessant screaming to find resident #1 lying in bed on his/her back with their face covered with two pillows and a blue incontinence pad on top of the two pillows. Two shoes were also observed in bed with resident #1 (one shoe belonging to resident # 1 and one shoe belonging to resident #2). When staff removed the pillows and blue pad from resident #1's face, resident #1 was responsive; however, his/her lips were blue and his/her cheeks and forehead were red. Resident #2 asked staff if he/she had killed resident #1. Residents #1 and #2 both have a diagnosis of dementia.

Resident # 1's designated person was not notified until 9:00 AM on 12/21/14.

Resident # 2's designated person was not notified until 8:30 AM on 12/21/14.

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.
In accordance with the home's updated policy, all reports of abuse or neglect shall immediately be reported to the resident's designated person.

The correction(s) for violation of 2600.15(a), 2600.15(d), and 2600.15(c) are:
On April 17, 2015 MYPCH conducted training for all staff on the Older Adult Protective Services Act. Training was provided by [redacted] Supervisor of Protective Services. Issues related to reporting requirements to Aging Services and the Bureau of Human Services Licensing were covered during that training. The handout provided by Protective Services and a sign-in sheet is attached.

Williams

Maple Valley has also rewritten its abuse policy to address any of these shortcomings. The policy was reviewed and approved by Protective Services. A copy of the policy is attached. The policy was reviewed with staff at the April 17, 2015 training.

The violation of 2600.15(d) seems to be a matter of interpretation dealing with the definition of "immediately". Staff response to the situation involved caring for both individuals, making arrangements to have one of them admitted for treatment at the local hospital, administering medication to both residents as per MD orders. All staff have been educated as to the requirement for "immediate" notification to the responsible party.

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
J WILLIAMS ADMINSTRATOR			MAY 15 2015

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

The above plan of correction is approved as of <u>6/11/15</u> (Date)	Plan of correction implementation status as of <u>6/11/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF
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

On 12/21/14 at approximately 4:30 AM, staff persons B and C entered the bedroom of residents #1 and #2 in response to resident #2's incessant screaming to find resident #1 lying in bed on his/her back with their face covered with two pillows and a blue incontinence pad on top of the two pillows. Two shoes were also observed in bed with resident #1 (one shoe belonging to resident #1 and one shoe belonging to resident #2). When staff removed the pillows and blue pad from resident #1's face, resident #1 was responsive; however, his/her lips were blue and his/her cheeks and forehead were red. Resident #2 asked staff if he/she had killed resident #1. Residents #1 and #2 both have a diagnosis of dementia.

This incident was not reported to the Department's personal care home regional office until 1/13/15

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.

The correction(s) for violation of 2600.15(a), 2600.15(d), and 2600.15(c) are:

On April 17, 2015 MYPCH conducted training for all staff on the Older Adult Protective Services Act. Training was provided by [redacted] Supervisor of Protective Services. Issues related to reporting requirements to Aging Services and the Bureau of Human Services Licensing were covered during that training. The handout provided by Protective Services and a sign-in sheet is attached.

Maple Valley has also rewritten its abuse policy to address any of these shortcomings. The policy was reviewed and approved by Protective Services. A copy of the policy is attached. The policy was reviewed with staff at the April 17, 2015 training.

In accordance with the home's updated policy, all reportable incidents, including abuse, shall be reported to the Department within 24 hours.

The violation of 2600.15(d) seems to be a matter of interpretation dealing with the definition of "immediately". Staff response to the situation involved caring for both individuals, making arrangements to have one of them admitted for treatment at the local hospital, administering medication to both residents as per MD orders. All staff have been educated as to the requirement for "immediate" notification to the responsible party.

for 6/11/15

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

WILLIAMS ADMINISTRATOR 5-15-15

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

The above plan of correction is approved as of 6/11/15
(Date)

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

Plan of correction implementation status as of 6/11/15
(Date)

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

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCM Name: MAPLE VALLEY PERSONAL CARE HOME

MAY 19 2015

1. REGULATION 55 Pa. Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600 51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 6/17/09, does not have a criminal background check

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

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

Staff person A's criminal background check, completed 3/10/15, shows no criminal record.

The correction for violation of 2600.51 and 2600.52 is:

The criminal background check via the epatch system was done on the day of inspection as directed by the licensing representative (3-10-15). It should be noted that MVPCH has a federal criminal background check dated 2-17-09 in the staff person's personnel file. Hcr file has been reviewed by DPW on previous inspections with no comment made as to the unworthiness of the federal criminal background check. My understanding has always been that the federal criminal background check supersedes a PA background check. I have attached a copy of the federal criminal background check and the PA criminal background check.

The administrator will monitor the criminal background checks for future hires and ensure that employees do not work unsupervised until a "clean" criminal background check is obtained. Our practice has always been to have the background check completed prior to working unsupervised and we believed we were in compliance with the regulation regarding employee #A.

Immediately, the administrator or designated staff person shall review all current staff records to ensure each staff member has a completed PA criminal background check with no prohibitive offenses. A copy of the criminal background check shall be kept in each staff person's file.

for
6/11/15

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)

J WILLIAMS ADMINISTRATOR

Date

5-15-15

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

The above plan of correction is approved as of

6/11/15
(Date)

Plan of correction implementation status as of

6/11/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

R
(Initials)

MAY 19 2015

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 6/17/09, did not have a criminal background check completed. Staff person A worked unsupervised in the home on numerous occasions, including the following dates:
* 12/18/14, 12/20/14, 12/21/14, 12/24/14, and 12/25/14

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.

Staff person A's criminal background check, completed 3/10/15, shows no criminal record.

The correction for violation of 2600.51 and 2600.52 is:

The criminal background check via the epatch system was done on the day of inspection as directed by the licensing representative (3-10-15). It should be noted that MVPCH has a federal criminal background check dated 2-17-09 in the staff person's personnel file. Her file has been reviewed by DPW on previous inspections with no comment made as to the unworthiness of the federal criminal background check. My understanding has always been that the federal criminal background check supersedes a PA background check. I have attached a copy of the federal criminal background check and the PA criminal background check.

The administrator will monitor the criminal background checks for future hires and ensure that employees do not work unsupervised until a "clean" criminal background check is obtained. Our practice has always been to have the background check completed prior to working unsupervised and we believed we were in compliance with the regulation regarding employee #A.

Immediately: The administrator or designated staff person shall review all current staff records to ensure each staff member has a completed PA criminal background with no prohibitive offenses. A copy of the criminal background check shall be kept in each staff persons file.

6/11/15

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
ADMINISTRATOR 5-15-15

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

The above plan of correction is approved as of 6/11/15
(Date)

Plan of correction implementation status as of 6/11/15
(Date)

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

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

RECEIVED

MAY 19 2015

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST PHILADELPHIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 3/10/15 at approximately 10:30 AM, the hot water temperatures in bedroom #21 were as follows:
* 130.2 degrees Fahrenheit in the kitchenette sink
* 130.8 degrees Fahrenheit in the private bathroom sink. The sink was rechecked on 3/11/15 at 12:39 PM and measured 124.1 degrees Fahrenheit.

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

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

The correction for violation of 2600.89(b) is:

On 3-16-15 our HVAC/plumber reprogrammed the hot water heater that services room #21. A copy of the paid invoice is attached. We did daily temperature readings for 2 weeks and weekly thereafter. The water temperature was within the acceptable range each time. We will continue to monitor it weekly.

water temperatures shall be kept.

*Documentation of the weekly
for
6/11/15*

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
J. WILLIAMS ADMINISTRATOR 5-15-15

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

The above plan of correction is approved as of 6/11/15
(Date)

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

Plan of correction implementation status as of 6/11/15
(Date)

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

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

MAY 19 2015

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 3/10/15, the home's first aid kit did not include a breathing shield.

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

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

The correction for violation of 2600.96(a) is:

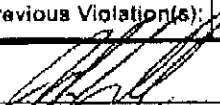
The "breathing shield" is now attached to the first aid kit. This was done the day of inspection. It should be noted that a supply of surgical masks was inside the first aid kit at the time of inspection. The first aid kit has been unused since the 2600 regulations were put into place in 2006 and the first aid kit has been inspected every year since then without any comment made as to the surgical masks not being within the definition of a "breathing shield". Apparently a "breathing shield" by department definition is a pocket CPR mask. Possibly this definition should be made clearer to PCH's.

The pharmacy that services MVPCH (Thompson Pharmacy) will continue to conduct monthly reviews of the contents of the first aid kit. We will notify them of the requirement of a pocket CPR mask being in the first aid kit at all times.

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)

J. WILLIAMS ADMINISTRATOR

Date

5/15/15

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

The above plan of correction is approved as of

6/11/15
(Date)

Plan of correction implementation status as of

6/11/15
(Date)

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

The above plan of correction was approved by



(Initials)

MAY 19 2015

Violation Report: 42769 - 03/10/2015 - Carrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 12/21/14 at approximately 4:30 AM, staff persons B and C entered the bedroom of residents #1 and #2 in response to resident #2's incessant screaming to find resident #1 lying in bed on his/her back with their face covered with two pillows and a blue incontinence pad on top of the two pillows. Two shoes were also observed in bed with resident #1 (one shoe belonging to resident # 1 and one shoe belonging to resident #2). When staff removed the pillows and blue pad from resident #1's face, resident #1 was responsive, however, his/her lips were blue and his/her cheeks and forehead were red. Resident #2 asked staff if he/she had killed resident #1. Residents #1 and #2 both have a diagnosis of dementia.

No immediate medical treatment was provided to residents #1 or #2. At approximately 10:30 AM, resident #2's designated person transported the resident to the hospital for evaluation due to increased agitation and aggression. On 1/10/15, resident #1 was admitted to the hospital for a change in mental status and was later discharged to a skilled nursing facility and did not return to the home.

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

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

The correction for violation of 2600.142(a) is:

The staff person involved/in charge at that time has been reprimanded and counseled on the proper way to deal with abuse situations. This was also a topic covered during the training on OAPSA.

In the case of resident #2 staff was following the family's wishes to transport her to IRMC versus being transported via ambulance or police. Resident #2 was relatively calm after the incident and did not appear to be a threat to herself or others. I have spoken with the state police about the incident who told me that they would not have intervened if they had been summoned. Resident #2 did receive the proper evaluation and treatment within a reasonable time frame based on the circumstances.

The admission to IRMC of resident #1 3 weeks after the incident was unrelated.

Within 30 days of receipt of the plan of correction: All direct care and management staff, including the administrator, will receive training in caring for a resident with dementia or other cognitive difficulties and assessing their need for medical treatment. The training provider will be an outside source, not affiliated with the home or the legal entity. Documentation of the education shall be kept.

6/11/15

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

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

The above plan of correction is approved as of 6/11/15 (Date)

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

Plan of correction implementation status as of 6/11/15 (Date)

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

Linda Reynolds

Violation Report 42780 - 03/10/2015 - Carrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

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.

RECEIVED

JUN 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no pharmacy label on the box of Cyclosporine-100mg tablets belonging to resident #3. The box did not include the following information:

- * Resident's name
- * Prescribed dosage and instructions for administration
- * Name and title of prescriber

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.

Day of inspection the container was labeled correctly (with residents name, refer to MAR (for instructions))

Doctors' name written on.

- Now thoroughly inspecting mail order meds upon arrival & treat will call med supplier to have a label printed & faxed to us ~~before~~ prior to dispensing if this occurs again.

Dr
6/11/15

Immediately: A designated staff person qualified to administer medications shall review all resident medications to ensure each medication is labeled with an accurate pharmacy label, to include the resident's name, prescribed dosage and name of prescriber

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)

JOHN WILLIAMS

Date 5-15-15

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

The above plan of correction is approved as of 6/11/15 (Date)

Plan of correction implementation status as of 6/11/15 (Date)

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

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

MAY 19 2015

Violation Report: 42769 - 03/10/2015 - Garrigan, Laurie
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
Resident # 1's assessment, dated 4/1/14, does not include the diagnoses of hypertension and coronary artery disease, as indicated on the resident's medical evaluation, dated 11/3/14.

Resident #2's assessment, dated 12/3/14, does not include the diagnosis of Transient Ischemic Attack (TIA), as indicated on the resident's medical evaluation, dated 11/20/14.

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 #1 was discharged from the home on 2/14/15.
Resident #2's assessment was updated, to include all diagnoses.*

The correction for violation of 2600.225(c) is:
Both assessments have been updated to include the diagnoses that were omitted. A copy of both assessments is attached. It is the duty of the DON to do the assessments. She has been educated that if a diagnosis appears on the DME that it must also appear on the assessment. The DON will monitor the assessments for further compliance.

Immediately: The administrator or designated staff person shall review all current resident assessments to ensure each resident has a completed, accurate and thorough assessment, to include all diagnoses.

Immediately: The administrator shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. All staff members who are responsible for the completion of resident assessments shall be updated on the new system. Documentation of the education shall be kept.

6/11/15

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

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

The above plan of correction is approved as of 6/11/15
(Date)

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

Plan of correction implementation status as of 6/11/15
(Date)
 Fully implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented