



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 04 2015

Ms. Jill Reese, Administrator
William Penn Health Care Associates, LP
2030 Ader Road
Jeannette, Pennsylvania 15644

RE: William Penn Care Center
1021 Walton Road
Jeannette, Pennsylvania 15644
License #: 444250

Dear Ms. Reese:

As a result of the Department of Human Services' annual licensing inspections on May 11, 2015 and May 12, 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: WILLIAM PENN CARE CENTER		License Number: 44425
Address: 1021 WALTON ROAD, JEANNETTE, PA 15644		County: Westmoreland
Administrator: JILL REESE		Region: WEST
Legal Entity Name: WILLIAM PENN HEALTH CARE ASSOCIATES LP		
Legal Entity Address: 2030 ADER ROAD, JEANNETTE, PA 15644		RECEIVED
Certificate(s) of Occupancy I-2, group 1 B 09/20/2012 Township of Penn		NOV 06 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
05/11/2015: Pollock, Susan; Georgoulis, Karen; Breuer, Patricia; Park, Beth		
05/12/2015: Pollock, Susan; Georgoulis, Karen; Breuer, Patricia		
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: 120 Number of Residents Served: 57 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: 9 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 1	

NOV 06 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, copies of the most recent licensing inspection summaries issued by the Department, dated 9/19/13, 1/17/14, and 1/5/15 were not posted in a conspicuous and public place in the home.

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

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

May 11, 2015 administrator made copies of inspections dated 9/19/2013 and 1/17/2014 and posted them with the most recent inspection dated 1/5/2015.

Administrative staff has created a survey binder. All violation reports are to be filled moving forward.

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) *Till Reese* Date *4 Nov 2015*

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

The above plan of correction is approved as of <u>11/11/15</u> (Date)	Plan of correction implementation status as of <u>11/11/15</u> (Date)
The above plan of correction was approved by <u>[Initials]</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: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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

On 5/12/15, at approximately 3:50 p.m., an agent of the Department observed a staff person administer an insulin injection into resident #1's abdomen at the table during a bingo activity. Four other residents were also present.

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.

On May 26, 2015 all med tech's went back through the diabetic certification class, conducted by Med Home Health Nursing to monitor med tech's to ensure compliance of the resident's right to privacy, at least weekly monitoring. J. [unclear]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Till Reese

Date

4 Nov 2015

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

The above plan of correction is approved as of

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 on [redacted] 14, did not have a criminal background check completed until 5/21/15.

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.

A criminal criminal history check was conducted with a federal background check dated [redacted] 2014. During the time of inspection DHS requested us to do a local background check which was done on May 11th 2015 and the results were completed on 5/21/2015. Please see attachment A.

Immediately - The administrative will ensure that a Pennsylvania State Police criminal background check is completed for all new employees. Any employee who has not been a resident of Pa. for two years will also have a P.B. check, within the required time frames.

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)

Jul Reese

Date

7 Nov 2015

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

The above plan of correction is approved as of

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

RECEIVED

NOV 03 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired [redacted] 15, and staff person C, hired [redacted] 14, did not receive training in any of the required areas under 2600.65(a).

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 B trained in required areas
Administrator or Maintenance will educate all new hires during orientation in general fire safety and emergency preparedness. We will review in hired files within the first ^{WORK DAY} ~~8 hours~~ of work to ensure compliance, documentation will be kept.*

11/16/15

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)

Will Reese

Date

11/16/15

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

The above plan of correction is approved as of

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
 PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person B, hired [redacted] 15, did not receive orientation in any of the required areas under 2600.65(b).

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 B trained in required topics 10/16/15*

all new hires all substitute personnel will have orientation within 40 hours of work. JPK will review all new hires file within the first 40 hours of work to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Till Reese*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Till Reese* Date *4 Nov. 2015*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</u> (Date)
The above plan of correction was approved by <u>OR</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: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

NOV 06 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, at approximately 11:45 a.m., there was an uncovered, 3/4 full garbage can in the first floor womens' rest room, across from room 117.

On 5/11/15, at approximately 11:50 a.m., there was an uncovered, half-full garbage can in the first floor men's restroom, across from room 117.

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.

Removed that style of trash receptacles and have installed all new trash receptacles in all public restrooms that uses a foot lever action to ensure lid closes after each use.

By 12/15/15 - All staff persons will be reeducated on this requirement and directed to monitor trash cans daily, as part of their regular duties to ensure they remain covered.

By 12/15/15 - The administrator will monitor the home at least weekly to ensure trash cans are covered.

J. Miller

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) *Bill Reese* Date *7 Nov. 2015*

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

The above plan of correction is approved as of 11/12/15
(Date)

Plan of correction implementation status as of 11/12/15
(Date)

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

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

NOV 08 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, at approximately 11:45 a.m., there was no lid covering the dumpster that was approximately 1/4 full of garbage.

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 dumpster is shared between SA and PC. Re educated house keeping and maintenance to shut dumpster lid after each use to prevent the penetration of insects and rodents.

By 12/15/15 - The administrator will monitor the outdoor dumpster at least weekly to ensure trash is in covered receptacles.

11/16/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/19/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Till Reese*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Till Reese* Date *4 Nov 2015*

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

The above plan of correction is approved as of 11/16/15 (Date)

Plan of correction implementation status as of 11/16/15 (Date)

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

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

NOV 06 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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 5/11/15, there was a brown stain approximately 16" x 9" on the ceiling tile on the ceiling tile outside the 1st floor wellness room. The stain appeared to be water damage.

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.

May 11, 2015 during inspection maintenance changed tile. Maintenance and administration will do monthly walk thru of community

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) *Till Reese* Date *4 Nov 2015*

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

The above plan of correction is approved as of <u>6/16/15</u> (Date)	Plan of correction implementation status as of <u>6/16/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

NOV 06 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, the telephone numbers for local emergency management and the personal care home complaint hotline were not posted nearby the bedroom telephones belonging to residents #1, #2, #3, #4, #5, #6, #7 and #8.

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.

Administrator replaced all emergency phone numbers on all phones. This will be monitored for compliance during monthly walk thru's.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Till Reese

Date

4/16/15

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

The above plan of correction is approved as of

4/16/15
(Date)

Plan of correction implementation status as of

4/16/15
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

NOV 08 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5/11/15, the first aid kit in the main lobby of the home did not include scissors and the the first aid kit in the 3rd floor nurses' station did not include 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.

Replaced all first aid kits with updated kits.
Assigned lead med tech to check kits monthly to ensure all equipment is present and to report any findings to the nursing department. Receptionist to check their kit monthly.
Please see attachments B & C

By initials - All staff will be reeducated on replacing contents of first aid kit after use and the homes procedures for reordering supplies.

J
11/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Till Reese*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Till Reese* Date *4 Nov. 2015*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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 5/12/15, resident #8 and resident #9 did not have a source of lighting 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.

11/4/15 - Source of lighting placed at resident's bedside.
Upon set up of resident room housekeeping will ensure a lamp is placed at resident bedside. Will ensure compliance during monthly walk thru with Administration and maintenance.

By 12/15/15 - All staff persons will be educated on this requirement and directed to monitor resident bedrooms daily, as part of their regular duties, to ensure an operable source of lighting, reachable from bedside, is provided for each resident.

11/16/15

11/16/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jill Reese*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill Reese* Date *4/16/2015*

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

The above plan of correction is approved as of 4/16/15 (Date)

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

Plan of correction implementation status as of 4/16/15 (Date)

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

MAY 08 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, at approximately 10:30 a.m., there was an inoperable soap dispenser in the bathroom of the 1st floor game 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.

May 11, 2015 soap dispenser was replaced by maintenance. Will check during monthly walk thru's.

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) *Bill Reese* Date *4/27/2015*

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

The above plan of correction is approved as of 11/16/15 (Date)

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

Plan of correction implementation status as of 11/16/15 (Date)

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

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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

On 5/11/15, at approximately 10:48 a.m., on 05/11/15, the temperature in the small black refrigerator in the cocktail lounge measured 60 degrees F, and at 12:05 p.m., the temperature measured 44 degrees F.

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.

May 11, 2015 maintenance trouble shot refrigerator and the conclusion was door was not shut completely. History to check daily temps.

By 12/15/15 - The administrator or a designee will monitor all refrigerators and freezer temperatures at least weekly, and review the daily temperature log, to ensure safe food storage temperatures are maintained.

J. Karse

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/19/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. Karse* Date *9 Nov 2015*

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

The above plan of correction is approved as of 11/16/15 (Date) Plan of correction implementation status as of 11/16/15 (Date)

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

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

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

NOV 06 2015

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/11/15, at approximately 1:50 p.m., there were multiple undated, unlabeled foods in the walk in refrigerator including:

- * 6" x6" container of shredded cheese
- * 40 oz bag of crumbled Mediterranean cheese food
- * 3 fruit pies
- * 2 slices of cheesecake

On 5/11/15 at approximately 1:50 p.m. there were multiple open and unsealed foods in the pantry including:

- *25 lb bag of flour, approximately 1/2 full
- *2 lb bag of croutons, approximately 3/4 full
- *25 lb bag of corn meal, approximately 3/4 full

On 5/11/15, at approximatey 1:50 p.m., there were 8 opened and unsealed breakfast cereal bags in the food preparation area and 2 opened and unsealed boxes of hot cereal on top of the food preparation table.

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.

Dietary to use open date stickers on all open food. Dietary Supervisor assigned work responsibilities to each Dietary position to be completed daily, weekly and monthly. Dietary supervisor to do weekly checks to ensure compliance. Documentation will be kept.

By 12/15 - All dietary staff will be reeducated on safe food storage practices.

J. Adams 11/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/19/2013		
-----------------------	-----------------------------------	------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jul Reese* Date *4 Nov. 2015*

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

The above plan of correction is approved as of <u><i>11/16/15</i></u> (Date)	Plan of correction implementation status as of <u><i>11/16/15</i></u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

NOV 06 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 5/11/15, at approximately 1:50 p.m., there were multiple undated foods in the walk-in freezer including:

- *2 pound bag of hash browns
- *10 pound box of hamburgers
- * Coconut layer cake
- * 5 lb bag of scallops about 1/4 full
- * 10 lb box of hamburgers, approximately 1/2 full

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.

Dietary staff to utilize date open stickers. Dietary supervisor to monitor compliance, at least weekly. Documentation will be kept.

By 12/15/15 - All dietary staff will be reeducated on safe food storage practices. Documentation will be kept.

7/16/15

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 Reese* Date *4 Nov 2015*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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 5/11/15, at approximately 11:20 a.m., there was an accumulation of approximately 1/4 inch of lint in the lint trap and approximately six 2-inch balls of lint on the bottom of the industrial dryer in the basement.

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.

lint cleaned from floor and lint trap
Developed a check list for laundry room to check &
lint traps, underneath and behind dryer daily.
Monitor and during monthly walk thru's by administrator.
See attachment.
O-11/16/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Till Reese

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

Till Reese

Date
4/16/15

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

The above plan of correction is approved as of

4/16/15
(Date)

Plan of correction implementation status as of

4/16/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

On 5/11/15, there was no fire extinguisher in the activity room in the 2nd floor kitchen.

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.

Purchased a fire extinguisher. Will check for proper placement during monthly walk thru's.

See Attachment E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Till Reese

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

Till Reese

Date

4 Nov 2015

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

The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

RECEIVED

NOV 08 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

On 5/11/15, there were no signs in the movie theater to indicate direction to travel to the exits. The home currently serves 57 residents.

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.

May 12, 2015 Maintenance installed exit signs in doors.

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

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

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

The above plan of correction was approved by

2
(Initials)

NOV 08 2015

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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

On 5/11/15, the menu for the current week 5/10/15 - 5/16/15 was posted; however, the menu for the upcoming week of 5/17/15 - 5/23/17 was not posted.

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.

May 11, 2015 after inspectors brought it to my attention posted upcoming menu.
Receptionist to post weekly and upcoming menu.

The administrator or designee will monitor the menu postings weekly to ensure the current week and upcoming week's menus are posted. J. Pollock

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jill Reese*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill Reese* Date *5/11/15*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</u> (Date)
The above plan of correction was approved by <u>J</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

NOV 06 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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

On 5/12/15, Resident #10 is ordered Carvedilol tab 25 mg, take one tablet every 12 hours; however, staff did not initial the medication administration record (MAR) on 5/4/15 at 9 p.m. and 5/11/15 at 9 p.m. as having administered the medication.

Resident #10 was ordered Doxazosin 2 mg, take one tablet every 12 hours; however, staff did not initial the MAR on 5/4/15 at 9 p.m. and 5/11/14 at 9 p.m. as having administered the medication.

Resident #10 is ordered tubigrip support bandages on each leg, placement at 8 a.m. and removal at 8 p.m.; however, staff did not initial the 8 a.m. MAR on 5/3/15 and the 9 p.m. removal on 5/4/15 as having placed and removed the bandages.

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

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

Med tech's to review MAR book before shift ends. Nursing staff to audit MAR books on a weekly basis to ensure compliance.

By 12/15/15 all staff who administer medications will be reeducated on proper documentation of medication administration. Documentation will be kept.

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)

Bill Reese

Date

4/16/15

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

The above plan of correction is approved as of

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

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

The above plan of correction was approved by

[Initials]
(Initials)

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

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

On 5/11/15, the assessment for resident #11, dated 2/6/15, did not include the resident's diagnoses of chronic kidney disease and spinal stenosis as indicated on the medical evaluation, dated 2/4/15.

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 assessment for resident #11 updated with all identified diagnoses.

By 12/30/15 - The administrator or designee will review the assessments of all current residents to ensure they are complete & accurate, including all diagnoses.

J. Reese
11/16/15

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

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *J. Reese* *4 Nov. 2015*

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

The above plan of correction is approved as of 11/16/15
(Date)

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

Plan of correction implementation status as of 11/16/15
(Date)

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

RECEIVED

Violation Report: 44425 - 05/11/2015 - Pollock, Susan
PCH Name: WILLIAM PENN CARE CENTER

MAY 06 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

On 5/11/15, the assessment for resident #12, dated 4/02/15, does not include the resident's diagnoses of hypertension, hypokalemia, hypothyroidism, angina, or chronic pain as indicated on the resident's medical evaluation dated 4/3/15.

The assessment for resident #9, dated 9/15/14, does not include resident's diagnosis of kidney disease as indicated on the resident's medical evaluation dated 9/15/14.

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.

Nursing staff to review DME to ensure all diagnoses on the DME is transferred to the RASP. Assessments for residents #12 and #9 updated.

By 11/30/15 - The administration or designee will review the assessments of all current residents to ensure they are complete and accurate including all diagnoses.

*CP
11/2/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Bill Reese

Date

4/27/2015

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

The above plan of correction is approved as of

11/15/15
(Date)

Plan of correction implementation status as of

11/15/15
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)