



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2015

Mr. Stephen Rodrigues, President/CEO
St. Stephens Living Center, LLC
1075 Chestnut Street
Nanty Glo, Pennsylvania 15943

RE: St. Stephen's Living Center
License #: 327360

Dear Mr. Rodrigues:

As a result of the Department of Human Services' licensing inspection on May 27, 2015 and May 28, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period April 20, 2015 to April 20, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *rdh*

Enclosure
License Inspection Summary

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

PCH Name: ST STEPHEN S LIVING CENTER		License Number: 32736
Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		County: Cambria
Administrator: Deborah Gabor		Region: CENTRAL
Legal Entity Name: ST STEPHENS LIVING CENTER		
Legal Entity Address: 1075 CHESTNUT STREET, NANTY GLO, PA 15943		
Certificate(s) of Occupancy		
C-2 LP 09/22/1998 Labor & Industry	R-4 02/10/2005 Cambria-Somerset COG	R-4 05/04/2007 Cambria-Somerset COG
Staffing Hours		
Resident Support: NM	Total Daily Staff: 22	Waking Staff: 17
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 05/27/2015: McCloskey, Jason; Hoover, Douglas 05/28/2015: McCloskey, Jason; Hoover, Douglas		
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: 44	Number of Residents who:	
Number of Residents Served: 22	Receive Supplemental Security Income: 17	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 13	
Area:	Have Mental Illness: 6	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 4		

Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed *Chlropromazine 25 mg tablet, 1 tablet 3 times daily*. Between the time period of 8:00pm on 5/15/2015 through 8:00pm on 5/17/2015, Resident 2 was not given this prescribed medication. The home failed to report this medication error to the Department.

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

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

In the event of an occurrence of a medication error, the home will report the error/incident to the Department's personal care home regional office. med. trained staff will be in-service. In-service to staff to be completed by July 3, 2015.

The Administrator will monitor for compliance.

** The home's administrator or designee shall be responsible for reporting the incident to the Department.
 BAS*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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

The above plan of correction is approved as of 7/10/15
 (Date)

Plan of correction implementation status as of 7/10/15
 (Date)

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

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

Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

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

The home's 2015 staff training plan does not include the topics of Medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and Personal care service needs of the resident.

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 home's 2015 staff training plan does now include the topics of medication self-administration training; instruction on meeting the needs of the residents as described in in the preadmission screening form, assessment tool, medical evaluation and support plan, and personal care service needs of the resident.
 See attached updated plan.
 The Administrator will review the training plan annually and will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</i>
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The above plan of correction was approved by <u>BGS</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: 32736 - 05/27/2015 - McCloskey, Jason
PCH Name: ST STEPHEN S LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION

On 5-27-15 at 9:15 am, there was a very strong odor of urine in the hallway containing bedrooms 5 & 6 near the beauty salon.
On 5-27-15 at 2:30 pm, there was a very strong odor of urine in the bathroom adjacent to the 2nd floor lounge / activity 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.

Sanitary conditions are being maintained in the home.
All staff will be In-serviced by July 8, 2015 on making regular rounds and to clean up using the mop/scrubber as needed to eliminate the odor of urine. Outgoing / Incoming staff will make rounds to follow up daily.
The Administrator will monitor for compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/09/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) DEBORAH GABOR Administrator Date 07/03/2015

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 56 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
The glass block window above the entrance door has 3 cracked panes.

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 glass block window above the entrance door will be removed. See attached copy of contract with vendor, job # 3. Completion date July 30, 2015.

The Administrator, together with the maintenance staff person will make regular rounds to monitor for compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 65 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A gutter, along with siding / cladding for the roof eaves, is partially dangling above the porch which faces Chestnut Street.

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 gutter, along with siding / cladding for the roof eaves will be repaired. See attached contract with vendor, job #2. Completion date July 30, 2015.

The Administrator, along with the maintenance staff person will make regular rounds to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</i>
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The above plan of correction was approved by <u>BHS</u> (Initials)	

Violation Report: 32738 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2800
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There is no bedside table or shelf beside the bed occupied by Resident 1.

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, the occupant in the room, did not want the bedside table. Bedside table is now in place. Completion date July 3, 2015.

The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</i>
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Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

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 bedroom occupied by Resident 1 does 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.

Resident 1, occupant in the room, did not want a lamp at bedside. There is now an operable lamp that can be turned on/off from bedside in place. Completion date July 3, 2015.

The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</i>
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- Not Implemented

Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

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 5-27-15, there was an accumulation of lint in the lint trap of the 2nd floor dryer. This dryer was not in use at the time the lint was found.

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 staff will be inserviced by July 8, 2015 on removing the lint from the lint trap and drum of the clothes dryers after each use.

The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) DEBORAH GABOR Administrator Date 07/03/2015

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Violation Report: 32738 - 05/27/2015 - McCloskey, Jason
PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2800
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
The dryer duct which exhausts near the home's dumpster was partially clogged with lint and there was a thick build-up of lint on the ground below the duct.

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 partially clogged dryer duct near the home's dumpster has now been cleaned and the thick build-up of lint on the ground has been removed. Completion date 05/28/2015. The maintenance staff person will make routine rounds to make sure the dryer duct does not clog up and lint does not build up on the ground.

The Administrator and maintenance staff person will monitor for compliance.

* Maintenance personnel shall document the dates the vent ducts are cleaned on the HVAC report sheet.
BAS

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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(Date)

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(Initials)

Plan of correction implementation status as of 7/10/15
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The location of Pull Signals are not identified on the 2nd floor evacuation diagram.

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 location of Pull Signals are now identified on the 2nd floor evacuation diagram. Completion date July 3, 2015.
 The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa. Code §2600

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

The letters on the directional exit sign in the hallway leading to bedroom 21 are 1 1/2 inches tall and a 1/2 inch wide.

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.

An Exit sign with letters measuring at least 6 inches in height with principal strokes of letters at least 3/4 inch wide has been posted in the hallway leading to bedroom 21. Completion date July 3, 2015.

The Administrator will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</i>
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Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The administrator and a direct care staff member, interviewed separately about how the home destroys medications such as those found loose, damaged or which are accidentally dropped, both reported that the medications would be flushed down the sink with water.

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 Administrator and med. trained staff will be in-service by July 8, 2015 to follow the protocols on how to destroy medications in a safe manner such as those found loose, damaged, or which are accidentally dropped.

The Administrator will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBORAH GABOR Administrator** Date **07/03/2015**

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

The above plan of correction is approved as of 7/10/15
 (Date)

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

Plan of correction implementation status as of 7/10/15
 (Date)

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

Violation Report: 32738 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed *Chlorpromazine 25 mg tablet, 1 tablet 3 times daily*. Between the time period of 8:00pm on 5/15/2015 through 8:00pm on 5/17/2015, Resident 2 was not given this prescribed medication.

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

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

*On receiving a script from the prescriber, med. trained staff shall forward the script to the pharmacy. The home will follow up with the pharmacy on having the medication delivered in a timely manner. Once the medication is received, the home shall follow the directions of the prescriber. Med. trained staff will be inserviced by July 3, 2015.
 The Administrator will monitor for compliance.*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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Violation Report: 32736 - 05/27/2015 - McCloskey, Jason
PCH Name: ST STEPHEN S LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION
Resident 2 is prescribed *Chlorpromazine 25 mg tablet, 1 tablet 3 times daily*. Between the time period of 8:00pm on 5/15/2015, through 8:00pm on 5/17/2015, Resident 2 was not given this prescribed medication. The home did not report the medication error to the resident's designated party and the 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.

A medication error will be immediately reported to the resident, the resident's designated person, and the prescriber. med. trained staff will be unserved by July 3, 2015.

The Administrator will monitor for compliance.

* The home's administrator or designee shall be responsible for reporting the incident to the Department.
BAS

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Gabor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DEBORAH GABOR Administrator* Date *07/03/2015*

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The above plan of correction is approved as of <u>7/16/15</u> (Date)	Plan of correction implementation status as of <u>7/10/15</u> (Date)
The above plan of correction was approved by <u>BAS</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: 32736 - 05/27/2015 - McCloskey, Jason
 PCH Name: ST STEPHEN S LIVING CENTER

1. REGULATION 55 Pa.Code 52800
 2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening for Resident 3, admitted on 2-11-15, was completed on 12-24-14, more than thirty days prior to the admission.
 No determination is marked on Resident 3's pre-admission screening as to whether the home can meet the resident's needs.

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 pre-admission screening for all residents to be admitted to the home will be completed within 30 days of admission to the home. The person doing the pre-admission screening will make the determination whether the home can meet the resident's needs and mark the determination on the screening form. Completion date July 3, 2015.

The Administrator will monitor for compliance.

* Administrator shall review each preadmission screening to assure compliance. BAS

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DEBORAH GABOR Administrator</i>	Date <i>07/03/2015</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>7/10/15</u> (Date)	Plan of correction implementation status as of <u>7/10/15</u> (Date)
The above plan of correction was approved by <u>BAS</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