



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 3 0 2015

Mr. Larry Liang, Owner
Pennstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License #: 138550

Dear Mr. Liang:

As a result of the Department of Human Services' licensing inspection on June 9, 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 July 5, 2015 to July 5, 2016 was issued on April 20, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The homes certificate of boiler pressure or operation for the cast iron hot water heating system located in the basement, expired on 1/24/13.

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.

Boiler inspection to be completed on 7/21/15.

Administrator will send a copy of certificate on

8/3/15. TAKE 30-60 days. Signed re insp. to July 7/21/15
see Attached

Owner will ensure that boiler inspection is

completed yearly, by scheduling an appointment 30 days prior to the annual date in 2016 (C)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonsa ... Administrator</i>	Date <i>7/21/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/3/15</u> (Date)	Plan of correction implementation status as of <u>8/3/15</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: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 does not specify the party responsible for payment.

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.

**Responsible party written on contract
 on 7/20/15.**

**Administrator will ensure that party
 responsible for payment is filled in
 when contract is written up.**

The administrator or designee will review all new admission contracts to ensure they are complete, starting within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
S.M.A. Home Administrator / LEP	7/21/15

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The above plan of correction is approved as of 8/3/15
 (Date)

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

Plan of correction implementation status as of 8/3/15
 (Date)

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

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident's #1, #2, #3, and #4, does not state if the home will or will not collect a a portion of the rent rebate.

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 1,2,3, and 4 or designated person
 signed rent rebate on 7/20/15.**

**Administrator will ensure that rent rebate
 is completed upon initial signing of contract,
 by reviewing All new admission documents starting
 within 30 days of receipt of this plan of
 correction.**

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia M. Miller Administrator Lpn</i>	Date <i>7/21/15</i>
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Violation Report: 13856 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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 Member A was hired on 3/3/15. A criminal background check was not requested until 3/12/15.
 Staff Member B was hired on 1/20/15. A criminal background check was not requested until 1/23/15.

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.

Owner will monitor that employee criminal background checks are done on or before date of hire.

The administrator or designee will review all newly hired staff documentation within 5 days of hire to ensure the criminal background checks have been completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2014	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Smoya Marie Administrator/Asst* Date *7/21/15*

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Plan of correction implementation status as of 8/3/15
 (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: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member's B, C, and D do not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.

**Copy of B, C, and D staff member's
 high school diploma obtained on 6/23/15.
 Administrator will ensure that new employee's
 provide a copy of high school diploma, GED,
 or active nurse aide registry, prior to hire.**

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/11/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

S. J. Miller, Administrator / LCP

Date

7/21/15

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8/3/15
 (Date)

Plan of correction implementation status as of

8/3/15
 (Date)

The above plan of correction was approved by

(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Member E, the home's administrator, completed 30 hours of annual training in the 2014 training year. All 30 hours were completed online. The Department only allows 12 out of the 24 required hours of training to be completed online.

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 was unaware that 12 hours had to be in class.

Administrator attended class on 6/25/15 for 6 hour credit. Administrator ^{with will} ~~will try to~~ attend 3 more 6 hour classes this fall (2) to cover 2014 and the one more for 2015.

Administrator will have 24 hours of annual training with 12 hours done in class annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sonia M. Keppel, Administrator	7/21/15

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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn

PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member B, hired on 1/20/15, has been providing ADL services to residents. The home has no documentation that Staff Person B completed the Department-approved direct care training course and competency test.

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 B completed direct care training on
 7/9/15. Administrator will ensure that new employee's
 complete the direct care staff training on or
 before date of hire. Admin will renew all direct care staff
 records to ensure all have completed

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2014	06/11/2014	this repeats
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Signature of Legal Entity Representative (Required on EVERY Page) *SMJA Mcker* (S)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SMJA Mcker Admin Mkr/LPR* Date *7/21/15*

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Violation Report: 13865 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Member D received only 10 hours of annual training in the 2014 training year.

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

Staff person D is our activities director.
Staff d filled in as caretaker for a few shifts and is currently employed as activities director.
Staff person d has all ancillary paperwork on file and has completed all mandatory inservices for 2014. Administrator will have ancillary staff complete caretaker training if they are going to be employed in that department, within 30 days of receipt of this plan of correction.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
S. MORA, Manager of Administration	7/27/15

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Violation Report: 138156 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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

Staff Member D's training for the 2014 training year did not include medication self-administration, infection control and immobility, and safe management techniques.

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 d is employed as our activities director. Staff d filled in as care staff for a few shifts and is currently employed as activities director. Staff d has all ancillary and mandatory paperwork on file. Administrator will have ancillary staff complete caretaker training and inservices if they are going to be employed in that department, within 30 days of receipt of this plan of correction.

D

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Susan Molar Administrator* Date *7/21/15*

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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: 13865 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION

On 6/9/15, dried liquid was found on the middle shelf of the refrigerator located closest to the boiler room. Black mold was found on the rubber seal and top inside ledge of this refrigerator.

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.

**Refrigerator in basement was cleaned and sanitized on 6/12/15.
 Kitchen staff to monitor sanitary conditions of the refrigerator's daily.**

The kitchen staff will be instructed on the importance of maintaining sanitary conditions, by the administrator, within 30 days of receipt of this plan of correction. (S)

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 06/11/2014


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sandra Miller, Adminis Director Date 7/21/15

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The above plan of correction is approved as of 8/3/15 (Date)

Plan of correction implementation status as of 8/3/15 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 13865 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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 6/9/15, at 2:56PM, the water temperature in the first floor bathroom sink measured 138.7 degrees Fahrenheit.

On 6/9/15, at 3:08PM, the water temperature in the sink of the bathroom located across from room #6 was 138.5 degrees Fahrenheit.

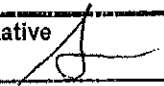
On 6/9/15, the water temperature in the kitchen sink was 139.4 degrees Fahrenheit.

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 water temperature was turned down while inspector's still on site. The water temperature was checked again before the inspector left and the temperature was within normal range.


The owner will monitor the water temperature ^{weekly} ~~monthly~~ to ensure it does not exceed 120 degrees fahrenheit.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia M. Keppel, Administrator</i>	Date <i>7/21/15</i>
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Violation Report: 13865 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION
 Resident room #12 has two residents but only one chair.

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 chair was placed in room #12 while inspector's were at facility.
Administrator will monitor daily that all rooms have a chair for each resident in the room.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan Mole Administrator</i>	Date <i>7/21/15</i>
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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn

PCH Name: HASKINS HOUSE

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 bed located next to the bed in room #9 does not have a source of light that can be turned on/off from bedside.


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

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

On 6/9/15 a lamp was placed on bedside table in room #9.

Administrator to monitor resident room's daily for an operable light source by their bedside.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/01/2015
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandra Miller Administrator</i>	Date <i>7/21/15</i>
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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

There were no paper towels, mechanical air blower hand dryer, or individually labeled cloth towels in the second floor bathroom.

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 6/9/15 a new roll of paper towels was placed
 in upstairs bathroom.
 Care staff to monitor daily that paper towels
 are available in the bathrooms.**

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SONDIA MICHELLE ADAMS Director of Operations	7/21/15

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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

There were two plastic containers filled with cereal located in the kitchen cabinet next to the stove. These containers were not labeled or dated.

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 6/10/15 the cereal containers were labeled with the date.

Kitchen staff to monitor daily that food items are labeled with the date.


The Kitchen staff will receive training on the importance of labeling + dating food within 30 days of receipt of this plan of correction.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014	
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SONDA Miller Administrator* Date *7/21/15*

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

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The above plan of correction was approved by  (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: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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 6/9/15, at 3:14PM, the temperature in the refrigerator located in the kitchen was 64 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.


On 6/09/15 the setting on the thermostat in the refrigerator was turned down to reduce the temperature. The fridge was checked on 6/10/15 and the fridge temperature was 39.0 degrees fahrenheit.
Kitchen staff will monitor the refrigerator's daily to keep temperature at or below 40 degrees fahrenheit.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Smora Miller Adams, Shelter Care</i>	Date <i>7/21/15</i>
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Violation Report: 13865 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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 6/9/15, one gallon of water from Pocono Springs with an expiration date of 3/5/15 was found in the homes emergency water supply.
 On 6/9/15, two gallons of water from Price Rite with expiration dates of 4/12/14 and 6/2/15 were found in the homes emergency water supply.

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.

Expired water was removed while the inspector's were still on site.

Kitchen staff to monitor daily that food and water is not outdated and remove any undated food or water immediately.

Kitchen staff will be trained on the importance of NOT having outdated food in the home within 30 days of receipt of this plan of correction.

(S)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Snow White Admin Assoc Lpa* Date *7/21/15*

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The above plan of correction is approved as of 8/3/15
 (Date)

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

Plan of correction implementation status as of 8/3/15
 (Date)

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

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
 A chipped, round dinner plate was found in a kitchen cabinet.

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 6/9/15 the dinner plate was thrown out immediately.
Kitchen staff to monitor daily that dishes, glassware, and utensils are clean and free of chips and cracks and immediately thrown away if are not.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SMVA Public Administrator LPM	7/21/15

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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located in the basement near the washer and dryer does not have an inspection tag.

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 7/16/15 fire inspector placed inspection tag on fire extinguisher.
 Administrator will monitor monthly that all extinguisher's have an inspection tag on them.**

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
SMHA member Administrator LP	7/27/15

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Plan of correction implementation status as of 8/3/15
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 13885 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The 2014 annual fire safety inspection and fire drill observed by a fire safety expert was conducted on 4/28/14. The 2015 annual fire safety inspection and fire drill observed by a fire safety expert was not conducted until 6/5/15.

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.


Administrator will monitor that annual fire inspection is done yearly.
Administrator will contact inspector so that he inspects facility on or before date of prior year inspection.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia Miller, Administrator</i>	Date <i>7/21/15</i>
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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pn.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 12/18/14. The medical evaluation was completed on 8/10/14.

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

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

Administrator will monitor that medical evaluation is completed no longer than 60 days prior to admission. If medical evaluation is more than 60 days prior to admission the administrator will have the physician complete another one completed within 60 days of admission.

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)

Sonya Mather Adams Interim

Date 7/27/15

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The above plan of correction was approved by
 (Initials)

Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's previous medical evaluation was completed on 12/26/13. The most recent medical evaluation was completed on 1/15/15.

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.

Administrator will monitor that the medical evaluation is completed annually.
Administrator will monitor list of when evaluations are due and mark on calendar and put on cell phone to alert to when they are due.
 Administrator will review all resident medical evaluations to ensure they have all been completed timely, starting within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Smart Medical Administration</i>	Date <i>7/27/15</i>
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Violation Report: 13855 - 06/09/2015 - Keppel, Autumn
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION
 Resident #3 has an order for Accucheck three times a day. On 6/1/15, 6/3/15, 6/5/15, and 6/6/15, the resident's Accucheck was only done twice a day.

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 will inservice nursing staff by 8/5/15 on Accucheck machine being used as directed by prescriber.

Administrator will monitor daily that the nursing staff use the Accucheck machine as directed by prescriber.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Smart Mcker / Administrator / per	7/21/15

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 (Date)

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 (Initials)

Plan of correction implementation status as of 8/3/15
 (Date)

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- Not Implemented