



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

Mr. Hugh Robinson, Administrator
4104 West Girard Avenue
Philadelphia, Pennsylvania 19104

RE: Robinson Personal Care Home
License #: 198810


Dear Mr. Robinson:

As a result of the Department of Human Services' licensing inspection on June 15, 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 August 25, 2015 to August 25, 2016 was issued on May 18, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *sd*

Enclosure
License Inspection Summary

Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 - The contract for resident #1 was not signed by the resident.
 - The contract for resident #2 was not signed by the administrator or administrator designee.

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 contract for resident #1 was not signed by the resident.

The contract for resident #2 was not signed by the administrator or administrator designee.

The contract for resident #1 was duly signed on 6/15/15.
 In the future Administrator/Designee will ensure that all contracts be signed by resident within 24 hours of the residents admission Administrator/ Designee will also ensure that a monthly check is done on all resident files to ensure that all documents are signed by both resident and administrator/Designee.

The contract for resident #2 was also signed by administrator designee on 6/15/15.
 The Administrator/Designee will ensure that all contracts be signed by resident within 24 hours of the residents admission. Designee will also ensure that a monthly check is done on all resident files to ensure that all documents are signed by both resident and administrator/Designee.

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) *High Robinson Administrator* Date *8/13/15*

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

The above plan of correction is approved as of *8/20/15*
 (Date)

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

Plan of correction implementation status as of *8/20/15*
 (Date)

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

Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedure.

Resident #1's record now contain a signed statement by the resident acknowledging receipt of resident rights and complaint procedure. In the future Administrator Designee will ensure that all resident records are acknowledged and signed. The Designee will also do a monthly check to ensure that all resident's record has a signed copy of their resident rights and complaint procedures. Document was signed on 6/16/2015

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *High Robinson Administrator* Date *8/13/15*

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

The above plan of correction is approved as of *8/19/15*
 (Date)

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

Plan of correction implementation status as of *8/20/15*
 (Date)

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

Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCF Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

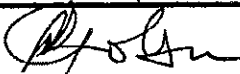
2a. DESCRIPTION OF VIOLATION
 Direct care staff member A did not receive training on care for residents with dementia and cognitive impairments and safe management techniques during training year 2014.

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

Direct care staff member A did not receive training on care for residents with dementia and cognitive impairments and safe management techniques during year 2014.

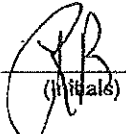
Direct Care Staff member A now receive training on care for residents with dementia and cognitive impairments and safe management, training was done on 6/16/15.
 In the future the Administrator will ensure that all annual training are done as per DPW regulations. A monthly check will be done by Designee to ensure all staff files are up to date with all required training.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2014
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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) Administrator
 Hugh Robinson Date 8/13/15

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Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care person A did not receive training in Fire Safety and Emergency Preparedness during training year 2014.

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

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

Direct care staff person A did not receive training in Fire Safety and Emergency Preparedness during training year 2014.

Direct Care staff person A did receive training in Fire Safety and Emergency Preparedness, but was not in staff training file at the time of inspection, training was located and faxed to Inspector Christine McHale the following day 6/16/15.

In the future the Administrator/Designee will ensure that all staff training will be placed in staff training file, a monthly check will be done by administrator/designee to ensure that all staff training is up to date.

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) *Administrator Hugh ROBINSON* Date *8/13/15*

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Plan of correction implementation status as of *8/20/15* (Date)

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

Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 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 screen for the window in the second floor bathroom on the right was torn along the bottom and the left bottom corner.

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 screen for the window in the second floor bathroom on the right was torn along the bottom and the left bottom corner.

A new screen for the window in the second floor bathroom that was torn along the bottom was replaced on 6/16/15. In the future the maintainance will ensure that all repairs are done and all windows and screens are in good repair.

The administrator will conduct monthly physical site checks starting within 30 days of receipt of this Plan of Correction. PR.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2014
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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) *Administrator Hugh Robinson* Date *8/13/15*

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- Not Implemented

Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 - There is no grab bar, hand rail or assist bar in the shower area in the first floor bathroom.
 - There is no grab bar, hand rail or assist bar in the bath area in the second floor bathroom on the right.

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.

There is no grab bar, hand rail or assist bar in the shower area in the first floor bathroom.

There is no grab bar, hand rail or assist bar in the bath area in the second floor bathroom on the right.

A grab bar, hand rail or assist rail was placed in the shower area in the bathroom on the first floor and also in the bathroom on the right on the second floor, on 6/16/15 (20)

In the future the maintainance will ensure that all bathrooms are equipped with grab bars, handrail or assist bar for resident. A daily check will be done by housekeeping staff to ensure that all bathrooms are equipped with assist bar, and report all repairs to Administrator/Designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson Administrator* Date *8/13/15*

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Violation Report: 19881 - 06/15/2015 - McHale, Christine
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.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 #3 was admitted on 11/3/14. The resident's medical evaluation was completed on 8/19/14.

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

Resident #3 was admitted on 11/3/14. The resident's medical evaluation was completed on 8/19/14.

A new medical evaluation was done for resident #3 on 6/18/15. In the future all medical evaluation will be thoroughly checked to ensure dates are compatible with date of admission and/or medical evaluation will be done within the time frame in accordance with DPW regulation. A monthly check will be done by administrator/designee to ensure that all medical evaluation will be properly dated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2014
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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) *Hugh ROBINSON Administrator* Date *8/13/15*

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The above plan of correction is approved as of *[Signature]*
 (Date)

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

Plan of correction implementation status as of *[Signature]*
 (Date)

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

Violation Report: 19881 - 06/16/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #3, dated 8/19/14, does not include the resident's ability to self-administer medications.

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 medical evaluation for the resident #3, dated 8/19/14, does not include the residents' ability to self-administer medications.

The medical evaluation for resident #3 now include the resident ability to self-administer medications. In the future the Designee will ensure the remind the PCP that all sections of the medical evaluation need to be filled out. Designee will do a monthly check of all medical evaluation to ensure all areas are filled out as per DPW regulations.

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 *Administrator*
 (Required on EVERY Page) *Heugh Robinson* Date *8/13/15*

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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: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan does not include an emergency-staffing plan.

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 emergency medical plan does not include and emergency-staffing plan.

The home's emergency medical plan now include emergency staffing plan.

In the future the administrator / designee will make monthly check to ensure that emergency medical plans are done in compliance with D P W regulations.

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) **Hugh Robinson, Administrator**

Date **8/13/15**

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

The above plan of correction is approved as of

8/20/15
(Date)

Plan of correction implementation status as of

8/20/15
(Date)

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

The above plan of correction was approved by


(Initials)

Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is in the front and the back of the home. On 6/15/15, two cigarette butts and 6-8 used matches were found on the landing of the third floor fire escape outside of resident room #5.

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 designated smoking area is in the front and the back of the home. On 6/15/15, two cigarette butts and 6-8 used matches were found on the landing of the third floor escape outside of resident room #5.

The cigarette butts and matches were immediately removed from the landing of the third floor escape, On 6/16/15 a meeting was held with all residents reminding them of the designated smoking areas and that no one is allowed to smoke on the landing of the escape. A No Smoking sign was placed there for all residents and all staff will also do a verbal reminder daily.

The administrator or designee will conduct a weekly check of the smoking area, starting 30 days of receipt of this Plan of correction.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2014
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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) *Hugh Robinson Administrator* Date *8/13/15*

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(Date)

Plan of correction implementation status as of *[Signature]*
(Date)

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

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

Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 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

On 6/15/15, a bottle of Acetaminophen 325 mg belonging to resident #1 that had expired on 3/15/15 was on the bottom shelf of the medication 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 6/15/15, a bottle of Acetaminophen 325mg belonging to resident #1 that had been expired was on the bottom shelf of the medication cabinet.

Acetaminophen 325mg belonging to resident #1 that was expired was immediately discarded during inspection. In the future the Designee will return any expired medications to the pharmacy. A daily check of all medication will be done by Designee and other Med. Techs to ensure that all expired medications will be packaged and return to pharmacy.

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)

Hugh Robinson Administrator

Date 8/13/15

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8/20/15
(Date)

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8/20/15
(Date)

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Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

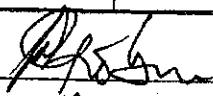
Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #1 was educated on 6/16/15 of the resident's right to refuse medication if he believes that there may be a medication error. In the future the Administrator/Designee will ensure that all resident rights are read and signed by resident upon admission to the home.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/10/2014

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Hugh Robinson Administrator

Date 08/13/2015

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(Date)

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(Date)

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- Not Implemented

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(Initials)

Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(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 form for resident #1, admitted 2/19/15, is not dated.
- The pre-admission screening form for resident #2, admitted 2/19/15, does not include a determination that the home can meet the 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 pre-admission screening form for resident #1, admitted 2/19/15, is not dated.

The preadmission screening form for resident #2, admitted 2/19/15, does not include a determination that the home can meet the service needs of the resident.

The pre-admission screening form for resident #1 is now dated and pre-admission form for resident #2 now include a determination that the home can meet the service needs of the resident.

In the future the Administrator/Designee will ensure that all preadmission forms and properly filled out and dated, by reviewing the form on admission

On 6/17/15 the pre admission screenings were properly filled out and dated

OR any new residents. *Ph.*

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) *Heigh Robinson Administrator* Date *8/13/15*

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Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is diagnosed with dysthymic disorder and cognitive disorder with psychotic features. The resident's initial assessment dated 2/28/15 does not address these diagnoses.
- Resident #3's initial assessment dated 11/20/14 does not include an assessment of the resident's short-term memory, long-term memory, or ability to use/avoid poisonous materials.

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

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

Resident #1 is diagnosed with dysthymic disorder and cognitive disorder with psychotic features. The resident's initial assessment dated 2/28/15 does not address these diagnoses.

Resident #3's initial assessment dated 11/20/14 does not include an assessment of the resident's short-term memory, long-term memory, or ability to use/avoid poisonous materials.

Resident #1 who is diagnosed with dysthymic disorder and cognitive disorder with psychotic features, initial assessment was amended on 6/16/15 to address the resident diagnoses. In the future the administrator/designee will check to ensure that residents assessment forms are properly filled out.

resident #3 initial assessment dated 11/20/14 now include an assessment of the resident short-term memory, long-term memory or ability to use/avoid poisonous material. In the future the administrator/designee will check to ensure that all forms are properly filled out, updated on 6/16/15. *gc*

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) *Administrator Hugh Robinson* Date *8/13/15*

DEPARTMENT USE ONLY - (HOMES MAY NOT WRITE BELOW THIS LINE)

<p>The above plan of correction is approved as of <i>8/20/15</i> (Date)</p> <p>The above plan of correction was approved by <i>[Signature]</i> (Initials)</p>	<p>Plan of correction implementation status as of <i>8/20/15</i> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 19881 - 06/15/2015 - McHale, Christine

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of their support plan on 2/28/15. The resident did not sign the support plan.

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 participated in the development of their support plan on 2/28/15. The resident did not sign the support plan.

Support plan for resident #1 that was not signed at the time of inspection is now signed, immediately after inspection was completed the resident was called and designee went over the support plan with said resident and resident #1 then signed on 6/15/15. In the future the Administrator/Designee will ensure that all support plans are signed upon completion. A monthly check will be done by designee to ensure that all support plans are done and signed.

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) *Hugh Robinson - Administrator* Date *8/13/15*

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

The above plan of correction is approved as of *[Signature]* (Date) *8/20/15*

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

Plan of correction implementation status as of *[Signature]* (Date) *8/20/15*

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