



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PITTSTON HEAVENLY MANOR INC
LEGAL ENTITY

To operate PITTSTON HEAVENLY MANOR
NAME OF FACILITY OR AGENCY

Located at 51 NORTH MAIN STREET, PITTSTON, PA 18640
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 55
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 29, 2015 until March 29, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 218691

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 29 2015

Mr. Frank Minelli, Owner
Pittston Heavenly Manor, Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License #: 218691

Dear Mr. Minelli:

As a result of the Department of Human Services' (Department) licensing inspections on June 16, 2015 and August 27, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #218690 dated October 18, 2014 to October 18, 2015 is REVOKED. Additionally, your license dated October 18, 2015 to October 18, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 18, 2015 to October 18, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65e	III	52	\$3	\$156	15 calendar days from mailing date of this letter
89b	III	52	\$3	\$156	15 calendar days from mailing date of this letter
221c	III	52	\$3	\$156	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Frank Minelli

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's Personal Care Home License was not posted in a public and conspicuous place in the home.

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

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

The violation occurred because license was not in a conspicuous area, it is was removed from wall for painting and not put in a different location. In the future it will be posted and moved to a different location where it is can be seen until the current wall finished and then put back when finished. This has been corrected and changing in foyer. The administrator or designee will make that this is done in future

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *7/10/15*

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

The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

The following medication errors were not reported to the Department's regional office:
 Staff did not administer medication to resident #1 on 6/9/15 at 8:00am because the resident did not come to the medication room.
 Staff did not administer medication prescribed to resident #2 on 6/14/15 at 8:00am because the resident did not come to the medication room.
 Staff did not administer medication to resident #3 on 6/14/15 at 8:00am because the resident did not come to the medication room.
 Resident #4 did not receive Depakote ER 500mg at 8:00pm on 6/10/15- 6/14/15, Lexapro 10mg at 8:00am on 6/12/15- 6/15/15, Klonopin .5mg at 8:00pm on 6/12/14- 6/14/15 and Risperdal, 3mg at 8:00pm on 6/14/15.

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

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

The violation occurred due to not proper documentation of missing meds and notification to med of meds not being refilled for a period of time. Discipline to staff for not proper documentation and review of necessity of doing it. In the future, if staff does not receive meds within allotted time plans house manager to be notified and contact med for order for either refill until appt. or order that they are aware of meds not on hand. This was resolved morning of 6/10/15 and appt for 7/10/15. The administrator shall monitor and assure ongoing compliance. m 7/29/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Bueke Administrator* Date *7/10/15*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 8/27/15
 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *LP*
- Not Implemented

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home has not completed an annual review of its quality management plan. The most recent review was conducted on 12/10/13.

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.

The violation occurred due to paperwork not completed in timely fashion. Meeting was held with head administrator and owner after inspection to review year events. In the future administrator will send copy of completed report to head administrator to check that it was completed and filed appropriately.

Copy faxed to Angel Manor; copy attached and transmission attached.

The administrator shall monitor and assure ongoing compliance. M 7/29/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buell Administrator</i>	Date <i>7/10/15</i>
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The above plan of correction is approved as of <u>7/29/15</u> (Date) The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>8/27/15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Resident #5 was discharged from the home on 04/01/15. The home did not complete a written itemized accounting statement indicating if the resident owes money or is due a refund within 30 days of leaving the facility.

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.

Violation occurred because unable to locate transfer sheet at time of inspection. The transfer sheet has been located and attached to this report. In the future; will make file of all transfer sheets of discharge resident's to keep in one area for easier access.

The administrator shall monitor and assure ongoing compliance.

m
7/29/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Buell Administrator</i>	Date <i>7/10/15</i>
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Plan of correction implementation status as of 8/27/15
 (Date)

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 (Initials)

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

Violation Report: 21889 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The facility is videotaping residents in common areas. The home did not have signage posted notifying residents and others that videotaping is occurring. Cameras were recording in the resident dining room, TV lounge and first floor internal hall ways to monitor the elevator.

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 violation occurred due to not proper signs for video surveillance; the cameras are used for monitoring of doors and exits. The 1st floor internal hallway is for outside side of med room door and for exit in hallway. TV Room is for doors to dining area to be monitored; dining room is to monitor 2 exit doors in ~~the~~ room. The recording ~~was~~ ^{WAS} shut off immediately due to regulation ~~and signs will be placed for monitoring etc purposes.~~ In future; will review regulations to ensure for proper usage.

The administrator shall monitor and assure ongoing compliance. *M* 7/29/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>7/10/15</i>
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 (Date)

Plan of correction implementation status as of 8/27/15
 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

A PA criminal background check was not completed for staff person A (hired 12/29/14), staff person B (hired 4/13/15), and staff person C (hired 4/28/15). All three staff persons have continued to work beyond the permissible 30-day provisional hiring period in which a criminal background check must be obtained.

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

Includes 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 violation occurred because background checks were not in facility within 30 days, there will be new background checks within 2 weeks 7/24/15 due to processing. In the future, house supervisor will check with administrator to ensure they are done and received.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/23/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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

Michelle Burke Administrator

Date *7/10/15*

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7/29/15
 (Date)

Plan of correction implementation status as of

8/27/15
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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 persons A (hired 12/29/14), D (hired 4/16/15), B (hired 4/13/15) and C (hired 4/28/15) do not have a high school diploma, GED, or active registry status on the PA nurse aide registry. Staff persons A-D have continued to perform direct care duties beyond the 30-day provisional hiring period in which the educational requirements must be provided.

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 member C current registry for CNA certificate attached to report. Staff member A, D, B awaiting return of transcripts from schools they attended will copy as soon as received and send to office, in the future; staff member will not allowed to be on floor at facility until all necessary paperwork is present.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/23/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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

Michelle Burke

Date 7/15/15

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- Partially Implemented - Inadequate Progress
- Not Implemented

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M
 (Initials)

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

The home serves 52 residents, requiring that the home have 52 total hours of direct care service available during the day. Based upon a review of the home's staff schedule and an interview with staff person E, who is the home's administrator, it was determined that only 37.5 hours of direct care service was available on 6/12/15.

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

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

The violation occurred because a call-off occurred and was not substituted for another worker for 10-6pm. The staff will report to designee for staff replacement to obtain worker and fill shift. Then let supervisor know this is complete. In the future the administrator will check to ensure this task is being completed and the appropriate number of staff and checks are being done daily.

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

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

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Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 The home serves 52 residents, requiring that the home have 39 hours of direct care service available during waking-hours. Based upon a review of the staff schedule and an interview with staff person E who is the home's administrator, it was determined that only 24.5 hours of direct care service was available on 6/12/15 during waking-hours.

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 violation occurred due to staff member call-off and med tech on did not report to designee for staff relief. In the future all staff will report call off to designee to replace and administrator will check to ensure this is complete.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle Administrator* Date *7/16/15*

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The above plan of correction was approved by *M* (Initials) Partially Implemented - Inadequate Progress *LP*

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person D (hired 4/16/15) did not receive training regarding the home's designated smoking area, fire extinguishers, and the use of telephones in the event of an emergency.

Staff person B (hired 4/13/15) did not receive the training required to take place on or before the first day of work.

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 training complete paperwork not completed by Administrator for same. The training was reviewed again and signed by staff and this administrator who did trainings with staff. In the future the administrator will review new employee paperwork to ensure this is complete before the staff member works on floor.

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

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

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Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff persons D (hired 4/16/15) and B (hired 4/13/15) did not receive the training required to be completed within the first 40 hours of work.

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 violation occurred due to not proper documentation of administrator after completing the training staff member retrained and signed for completion. This was done by this administrator. In the future the administrator will review the employee packet for new employee to ensure all appropriate paperwork complete.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

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

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 (Date)

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- Partially Implemented - Adequate Progress *LP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Staff persons D (hired 4/16/15) and B (hired 4/13/15) did not receive training regarding ancillary duties. Staff person D is a direct care staff person who also works in the kitchen, and staff person B is a direct care staff person who completes housekeeping duties.

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 retrained due to the paperwork not being filled out properly by administrator; staff have since been trained & future will ensure employee packet complete.

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

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

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 (Initials)

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

Staff person C (hired 4/29/15) did not complete the Department-approved online direct care training course and competency test but routinely performs unsupervised direct care duties.

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 member CNA card current certificate on-line; copy provided in packet attached with Lic or diploma information; in future, administrator will ensure license on file in facility is current

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2014	
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

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

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

The above plan of correction is approved as of 7/29/15
 (Date)

Plan of correction implementation status as of 8/27/15
 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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
 Staff person G (hired 7/1/11) completed only 3 hours of the required 12 hours of annual training during the 2014 training year.
 Staff person F (hired 5/17/05) completed only 2 hours of the required 12 hours of annual training during the 2014 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 staff will be inserviced on inservices missed for year over next 2 months and then receive new inservice with different info regarding same topic for this year to complete mandatory hours and different topics chosen to complete the 12 hours of training for year. All staff must complete each inservice in timely manner or will not be able to be on floor until completed. In future, administrator will remind staff and ensure to yellow calendar so staff will be able to receive proper training.

Repeat Violation: Yes Date(s) of Previous Violation(s) 06/23/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Bueke*

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

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

The above plan of correction is approved as of 7/29/15 (Date)

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

Plan of correction implementation status as of 8/27/15 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 66 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 (36 P. S. §§ 10225.101-10225.4102).
 - (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

Staff person G (hired 7/1/11) did not receive training regarding resident rights, the home's emergency preparedness plan, the Older Adult Protective Services Act (OAPSA), and falls and accident prevention for training year 2014.
 Staff person F (hired 5/17/05) did not receive training regarding fire safety, the home's emergency preparedness plan, OAPSA, and falls and accident prevention for training year 2014.
 Staff person H (hired 2007) did not receive training regarding the home's emergency preparedness plan, OAPSA, fire safety, and resident rights for 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.

Staff member G in progress of finishing back training. Staff member H in progress of finishing back training. Staff member F in progress of finishing back training.

The administrator is responsible for monitoring and ongoing compliance.

9/8/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Admin.* Date *8/25/15*

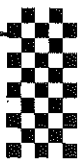
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/8/15* (Date)

Plan of correction implementation status as of *9/8/15* (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: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home did not develop a staff training plan for the 2015 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.

The violation occurred because the administrator did not develop a new training plan for 2015. Currently, idons card sent to head administrator to let know complete. In the future administrator will complete new calendar no later than Dec. of previous year.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buelle*

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

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

The above plan of correction is approved as of <u>7/29/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2P</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

2a. DESCRIPTION OF VIOLATION

A soap dish in the bathroom of resident bedroom #101 that was attached to the wall had a thick coat of soap scum. The second floor shared shower room had a dirty cloth shower curtain. The bottom of the shower curtain had a black colored band approximately 3 inches high along the bottom edge of the curtain.

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 violation occurred due to housekeeping not maintaining duty's; bathroom's must be cleaned daily, including soap dishes and shower curtains to prevent build up. Implementing a daily check list for staff to follow regarding cleaning in building. The soap will have containers to put in bathroom also, in the future; 7-3 supervisor will check floors to make sure it is being maintained and then administrator will follow up one day in same to recheck.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke* Date *7/15/15*

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

The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

A small blue trash can located in the home's kitchen did not have a lid that could be closed, allowing for penetration of insects and rodents.

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 violation occurred because the lid not completely covering garbage can in kitchen, Garbage can replaced after inspection will monitor to ensure they remain in good repair and replaced when needed.

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

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

The above plan of correction is approved as of 7/29/15
 (Date)

Plan of correction implementation status as of 8/27/15
 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling tiles in the first floor shared men's bathroom were missing and exposing wires and pipes which were accessible to residents.

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

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

Violation occurred because ceiling tiles were down and not promptly replaced in the future with weekly inspection will ensure these are replaced and housekeeping notify immediately if any are missing. The ceiling tiles were replaced after inspection day.

The administrator shall monitor and assure ongoing compliance.



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

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

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

The above plan of correction is approved as of 7/29/15
 (Date)

Plan of correction implementation status as of 8/27/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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
 The water temperature reading at approximately 3:00pm in the shower located on the 2nd floor, had a temperature reading of 125 degrees Fahrenheit.
 Resident bedroom #³¹²123, the bathroom sink had a water temperature reading of 123 degrees Fahrenheit at approximately 3:30 pm on the date of inspection.

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 violation occurred because the hot water exceeded limits the plumber was notified to come adjust temperature on boiler, for the future; the temperature will be checked to ensure at safe level for residents.

The administrator is responsible for monitoring and ongoing compliance.
 m
 7/29/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2014

Signature of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke Administrator Date 7/15/15

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

The above plan of correction is approved as of 7/29/15 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/27/15 (Date)

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

KP

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The light fixture located on the wall near the rear entrance of the home did not contain a cover.

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 violation occurred because covers were not put back on when painting finished for day. The light cover placed back day after inspection; in the future will check to make covers are back in place after completing task for the day.

- The administrator is responsible for monitoring and ongoing compliance -
 M
 7/29/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle Burke Administrator Date 7/15/15

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

The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

Resident bedroom # 312, the bed located closest to the door did not have a bed side lamp.

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 violation occurred to resident refusal to lamp by bedside and will remove if staff puts there. The staff has explained to resident the need for light for safety remains to deny need will use flashlight that will be kept at side of bed per recommendation of inspection, will check to make sure light has battery and in good repair and working.

The administrator shall monitor and assure ongoing compliance. m 7/29/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Buell*

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

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

The above plan of correction is approved as of <u>7/29/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>KF</i>

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

The home's small refrigerator located in the home's kitchen had a temperature reading of 45 degrees Fahrenheit at approximately 2:00pm on the date of inspection. *OK*
 The home's Kitchen Continental Brand freezer had a reading of 12 degrees Fahrenheit at approximately 2:00pm on the date of inspection. *OK*

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 violation occurred due to thermometers not accurate on outside of fridge and freezer. Thermometers to go inside of appliances accurate. Will check to see if numbers remain same. Will check temperature daily. In future, administrator will check weekly to ensure remains same.

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

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

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

The above plan of correction is approved as of <u>7/29/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

One 64 ounce can of Campbell's chicken and noodle soup was found in the home's pantry that was dented.

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 violation occurred because there was a dented can in closet. The cook will check with delivery of case to ensure denting has not occurred, and return promptly to food delivery personnel. In the future, Administrator or supervisor will check weekly to make sure none have been damaged during moving around cans in the closet.

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

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

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

The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 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 vent leading to the exterior of the building was not cleaned out. A handful of wet soggy lint was removed from the vent when checked on the date of inspection.

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 vent was been cleaned since inspection and will be checked by housekeeping weekly for build up and ensure not excess is there and the administrator will follow-up that this is done.

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

The above plan of correction is approved as of 7/29/15
 (Date)

Plan of correction implementation status as of 8/27/15
 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
PCH Name: PITTSTON HEAVENLY MANOR

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 #6 (admitted 12/18/14) did not have a Medical Evaluation Form completed.

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 had DME completed after inspection by md. In future will follow board of MONTH and being completed on time by administrator.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Michelle Burke Administrator* *8/25/15*

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

The above plan of correction is approved as of 9/8/15 (Date) Plan of correction implementation status as of 9/8/15 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home did not have posted the upcoming week's menu for 06/21/15 thru 06/27/15.

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

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

The menu was in med room at time of inspection and not in dining room. Staff reminded that both the week of and after need to be posted at all times. In the future; the cook supervisor will ensure both menu's are present and the administrator will follow up that this is completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>7/16/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person I (hired 3/10/15) routinely administers medication but is not properly trained to do so. Staff person I did not complete the initial medication administration training. Instead, the staff person completed a portion of an Annual Practicum.

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 staff member was a previous hire and had ~~an~~ initial training at time updated with annual recommended because staff had left the facility to treat as brand new hire the staff member has received training and test since with passing grade and appropriate med passing skills. Copies attached; in the future any staff member returning to facility after leaving.

The administrator shall monitor and assure ongoing compliance for 7/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of

7/29/15
 (Date)

Plan of correction implementation status as of

8/27/15
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Hydrocodone 5mg to be administered every 8 hours as needed. The pharmacy label did not indicate the resident's name or the frequency of administration.

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 resident received medication from VA emergency room, did not come back with proper label. In the future, will not accept any meds without the proper label to verify meds.

The administrator shall monitor and assure ongoing compliance

M
7/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michelle Burke

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

Michelle Burke Administrator

Date 7/17/15

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

The above plan of correction is approved as of

7/29/15
 (Date)

Plan of correction implementation status as of

8/2/15
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 21869 - 06/16/2015 - Patton, Leslie

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

Resident #8 has 3 sample bottles of Invega ER 6mg to be administered twice daily. The samples did not have written instructions from the physician stating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage instructions for administration, and the name and title of the prescriber.

Resident #4 received a sample dose of Diamox 250mg to be taken on 6/16/15 at 4:00pm due to recent cataract surgery. The sample medication did not indicate the prescribing physician's name and title or the resident's name.

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 resident's label has the name of resident; the date issued; the dosage and title are all on the label of that is on sample. Will have samples send to pharmacy to have packaged with note from doctor.

The staff member called doctor's office regarding no label and no directions on packet given to facility. There was order to discontinue Diamox for that one time dose. The medicine was delivered at time of inspection and review of med use and did not get to address it with doctor's office yet.

The administrator shall monitor for ongoing compliance in

Repeat Violation: No	Date(s) of Previous Violation(s):			7/29/15
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator* Date *7/17/15*

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

The above plan of correction is approved as of 7/29/15 (Date)

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

Plan of correction implementation status as of 8/27/15 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The home did not properly maintain the Medication Administration Record (MAR) of the following residents on the stated dates due to incorrectly transcribing the blood glucose readings from each individual's glucometer:

Resident #9- On 6/12/15 at 11:00am the reading was 165 but was incorrectly transcribed as 195. On 6/12/15 at 4:00pm the reading was 332 but was incorrectly transcribed as 223. On 6/13/15 at 11:00am the reading was 227 but was incorrectly transcribed as 277.

Resident #10- On 6/11/15 at 8:00am the reading was 121 but was incorrectly recorded as 112. On 6/13/15 at 11:00am the reading was 127 but was incorrectly transcribed as 187. On 6/14/15 at 11:00am the reading was 149 but was incorrectly transcribed as 148. On 6/15/15 at 11:00am the reading was 159 but was incorrectly transcribed as 163.

The MAR of resident #11 did not indicate the diagnosis or purpose for Invega Sustenna 156mg.

Staff did not sign or initial the MAR of resident #12 to indicate Zyprexa 5mg was administered on 6/10/15 and 6/11/15 at 8:00pm and that Pilosec 40mg was administered on 6/6/15 and 6/8/15 at 8:00pm.

On 6/15/15 the blood glucose level of resident #7 was measured twice before lunch. At 12:01pm the reading was 458 and at 12:02 pm the reading was 209. The staff incorrectly documented the results on the resident's MAR as 221.

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.

Please See Attached Papers

July 20, 2015 Michelle Burke Administrator
Pittston Heavenly Manor
2600. 187(a) pg. 32
Plan of Correction

Resident # 9

6/12/15 11AM: Machine and MAR reflects same
and correct number of 195.

6/12/15 4pm: Machine and MAR reflects same
and correct number of 323. Transcript and
and reading on paper are both different.

6/13/15 11AM: Machine and MAR reflects same
and correct number of 277.

Resident # 10

6/11/15 8am: Machine and MAR reflects same
and correct number of 112.

6/13/15 11am: Machine and MAR reflects same and
correct number of 187.

6/14/15 11am: Machine and MAR reflects same and
correct number of 148.

6/15/15 11am: Machine and MAR reflects same and
correct number of 163.

3-11 will underline diagnosis for each med
in the beginning of month and check weekly
for new orders and then 11-7 will highlight
Michelle Burke.

pg 32 of 42
Cont.

pg. 32 Plan of Correction Continued
Michelle Burke Pittston Heavenly Manor.

Staff member members will check previous shift for any missing signatures and notify supervisor and check with previous staff to make sure the med was given so appropriate can be disciplined. Meeting and review will be held with all med tech's regarding proper distribution of meds per training policy.

Resident # 7 did not have accucheck documented in MAP or on back to explain repeat accucheck.

The reading of 209 in Machine and MAP were correct.

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Resident # 14 had 2 different orders noted for accu checks; the doctor was called on 6/15/15 to obtain an appropriate order to clarify what exact order was to be followed in future; administrator will double check all orders in the beginning of month and will check MAR's weekly to ensure any new orders are correct and staff will check each previous shift daily to ensure any new orders are correct and followed through.

Resident # 4 did not receive medication due to missed appointment and no refills made above on 6/12 & 6/13 by staff follow-up call on 6/15/15 and had refill and resident needed to attend appt on 7/09/15.

cont'd

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/26/2014	01/22/2015	06/23/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *7/20/15*

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

The above plan of correction is approved as of <u>8/27/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On the following dates and times, staff documented on the MAR of resident #4 as having administered the stated medications, but the medication was actually not given:

Depakote ER 500mg at 8:00pm- 6/12/15- 6/14/15
 Lexapro 10mg at 8:00am- 6/14/15- 6/15/15

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.

Violations occurred because not proper documentation for missing medication in further the staff will correctly document that the resident did not receive on back and O in the front of MAR, and the reason why they did not receive.

The administrator shall monitor and assure ongoing compliance.

*m
7/29/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>7/20/15</i>
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 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #13 refused Synthroid 100mcg on 6/9/15 at 6:00am and Trusopt eye drops on 6/9/15 at 8:00am. The prescribing physician ^{NO} was not notified of the medication refusals.
 Resident #12 refused Zyprexa 5mg at 8:00pm on 6/4/15- 6/9/15 and 6/12/15- 6/15/15. The prescribing physician was not notified of the medication refusals until 6/15/15. _{OK}

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.

Violation occurred because the doctor was not notified in a timely fashion about refusal's of medication; paper made to fax to md to notify of refusal with medication to be made aware of what was missed and reason. In the future, the doctor will be notified in a timely manner of the resident refusals.

The administrator shall be responsible for ongoing compliance.
 M 7/29/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>7/20/15</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>7/29/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>KF</i> <input type="checkbox"/> Not Implemented

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(d) --The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On the following stated dates and times, the home did not follow the prescriber's orders:

Resident #14 is ordered to receive blood glucose testing before each meal, and with sliding-scale insulin to be administered as needed based upon the blood glucose testing results. The home is only conducted blood glucose testing before breakfast and dinner and not lunch.

The home did not conduct a blood glucose test before breakfast on 6/9/15 as ordered for resident #14

Resident #4 did not receive the following medications on the stated dates and times as a result of the medication not being available:

Depakote ER 500mg at 8:00pm- 6/10/15- 6/14/15

Lexapro 10mg at 8:00am- 6/12/15- 6/15/15

Klonopin .5mg at 8:0pm- 6/12/15- 6/14/15

Risperdal 3mg at 8:00pm- 6/14/15

Staff did not administer the following medications to resident #3 on 6/14/15 at 8:00am due to the resident not coming downstairs to the medication room:

Spiriva inhaler, Flomax .4mg, Celexa 20mg, Zocor 10mg, Glucophage 500mg, Advair, Dilantin 100mg, Kepra 1,000mg, and Tylenol 500mg.

Staff did not administer the following medications to resident #1 on 6/9/15 at 8:00am due to the resident not coming downstairs to the medication room:

Plavix 75mg, Imdur 30mg, Lopressor 50mg, Protonix 40mg, and Tramadol 50mg

Staff did not administer the following medications to resident #2 on 6/14/15 at 8:00am due to the resident not coming downstairs to the medication room:

Cymbalta 30mg, Aricept 100mg, Ecotrin 81mg, Centrum Silver, and Namenda 10mg.

Resident #15 is prescribed Nystatin Powder 100,000 units to be applied topically three times a day. The home is not administering the medication 3 times a day and was instead incorrectly administering the medication as a PRN medication.

Resident #15 is prescribed Flonase nasal spray to be administered as needed. The medication was not on-hand at the time of the inspection.

On the following dates and times the home did not administer the correct dose of Novolog insulin according to prescribed sliding scale for resident #9:

6/10/15 at 11:00am, the resident's glucometer had a reading of 302. 15 units were required to be administered and contact with the physician, but 0 units was recorded as given and the physician was not contacted.

6/10/15 at 8:00pm the resident's glucometer had a reading of 301. 15 units and a call to the physician was required. The resident received 8 units and the physician was not contacted.

6/11/15 at 11:00am the resident's glucometer had a reading of 148. 0 units were required however 4 units was recorded as given.

6/11/15 at 8:00pm the resident's glucometer had a reading of 184. 4 units were required to be given however, 3 units was recorded as been given.

6/12/15 at 11:00am the resident's glucometer had a reading of 165. 2 units were required and 0 units were given.

6/12/15 at 4:00pm the resident's glucometer had a reading of 323. 15 units and a call to physician was required but 14 units was recorded as given and resident's physician was not contacted.

6/12/15 at 8:00pm the resident's glucometer had a reading of 226. 8 units were required and 5 units was recorded as being given.

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.

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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

Resident # 15 The staff reviewed on need to read orders through out before administration in order for resident to receive meds properly.

Resident 11AM # 9 did receive 14 units required it was documented on back of sheet; documented incorrectly on front of sheet. The doctor was not notified.

9 The resident received correct amount of insulin different sliding scale for 8pm at time of inspection per md orders. The staff member did not call to make md aware.

9 Resident on 6/12/15 ^{11AM} accu is 195 according to book and machine and documented correctly there is not a gown book and documented on back.

9 Resident 4pm accu check is 323 order reading is 14 units correct dose given. Staff member did not notify md.

6/12/15 # 9 Resident required 5 units due to scale change for 8pm accu checks

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/26/2015	01/22/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Burke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Burke Administrator* Date *7/20/15*

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

The above plan of correction is approved as of 8/27/15 (Date)

Plan of correction implementation status as of 8/27/15 (Date)

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

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On the date of the inspection through observations and interviews with residents, it was determine that the home was not conducting activities. No activity calendar was present and residents reported only playing bingo occasionally.

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 violation occurred because the activity calendar was removed from area because it had fallen and was not put back up. The resident's will sign with staff in future that each activity done they both will sign.

The administrator shall monitor and assure ongoing compliance

m
 7/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2015
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>		Date <i>7/20/15</i>

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

The above plan of correction is approved as of <u>7/29/15</u> (Date)	Plan of correction implementation status as of <u>8/27/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>KF</i>

Violation Report: 21869 - 08/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home has not developed a policy regarding the physical, social, and behavioral needs the home cannot meet.

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 following of the above regulation are described in chart of services at building in the addendums and initial contract received at time of admission. There is not a policy for admission screening to as why the facility does not / can not accept certain residents to the facility. In the future, per discussion with owners to create a formal policy of what the facility can / can not accept within next 30 days.

The administrator shall monitor and assure ongoing compliance.

M 7/29/15

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Burke Administrator* Date *7/20/15*

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The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

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 #6 (admitted 12/18/14), did not have an initial assessment/support plan completed.

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 violation occurred because administrator did not finish assessment with resident. Currently the assessment is now complete. In the future, the administrator will recheck to ensure the admission assessment and support plan is complete.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Burke Administrator</i>	Date <i>7/20/15</i>
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The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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

Violation Report: 21869 - 06/16/2015 - Patton, Leslie
 PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #16 annual assessment was due on 05/08/15 and was not completed. A blank RASP form was found with only the resident's signature on the signature page.

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 annual assessment was not completed at appropriate has since been completed; in the future the administrator will ensure that the assessment support plan are correct and completed in timely fashion.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Michelle Burke Administrator</u>	Date <u>7/20/15</u>
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The above plan of correction is approved as of 7/29/15
 (Date)

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

Plan of correction implementation status as of 8/27/15
 (Date)

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