



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 25, 2016**

Ms. Julian Davenport, Administrator  
Karen Adams  
104 Park Road  
Charleroi, Pennsylvania 15022

RE: The Adams House  
314 Fallowfield Avenue  
Charleroi, PA 15022  
# 413710

Dear Ms. Davenport:

As a result of the Department of Human Services' licensing inspection on June 30, 2015 and December 7, 2015, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland  
Humans Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 41371 - 06/30/2015 - McConnell, Deb PCH Name: THE ADAMS HOUSE	FEB 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>1. REGULATION 55 Pa.Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 6/30/15, a copy of Chapter 2600 was not posted anywhere in the home. Staff could not locate a copy of Chapter 2600 in the home.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	

- We have posted a copy of the pink book in our hallway so that everyone has access to it. \*please see photo
- We have educated staff on where the pink book is and how to use it to draw more attention to the importance of the regulations and encourage reading of it. \*please see sign in it
- the admin has been designated to monitor that reg. 2600.3(c) is being followed and all above materials are displayed for CONSPICUOUS use.

See page 2 of 32

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
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
4-28-16 (Date)		_____ (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
E (Initials)			

Violation Report: 41371 - 06/30/2015 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 On 6/30/15, a copy of Chapter 2600 was not posted anywhere in the home. Staff could not locate a copy of Chapter 2600 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.*

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on all of the requirements of regulation 2600.3(c). Documentation shall be kept.

Within 30 days of receipt of the accepted plan of correction: A designee will check the home at least daily to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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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 4-28-16  
 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

Violation Report: 41371 - 05/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

RECEIVED

1. REGULATION 65 Pa. Code §2600  
2800.26(a) - The home shall establish and implement a quality management plan.

APR 30 2016

2a. DESCRIPTION OF VIOLATION  
The home has no documentation of any quality management review.

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

We intend that each January, the admin. will review and evaluate all the following procedures for incident reports, med errors, complaints, trainings, violations, & corrections. After review, the admin. will develop and implement measures to address areas of improvement. The Admin. will document issues at monthly meetings with staff and will file this information and the annual review. The prevention of violating this regulation will be by incorporating quality control into the calender so that it is automated into our agendas. Please see attached documentation (2 pages).

The home conducted a quality management review.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jacklyn McBryar*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jacklyn McBryar*      Date *1/13/16*

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

The above plan of correction is approved as of 4-29-16  
(Date)

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

Plan of correction implementation status as of 4-29-16  
(Date)

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

FEB 03 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.	
2a. DESCRIPTION OF VIOLATION Residents of the home are required to use the telephone in the kitchen and are not permitted to take the telephone to another area in order to provide privacy.	
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.	

I am unsure why this was said, because residents have been able to take the cordless phone into their rooms or private area since we have got them this has always been the rule. I understand it is one word against another, but for clarity I asked all residents to sign a document stating they understand they have the right to use the cordless phone in private. please see attached.

Immediately - All residents will be permitted to use a telephone provided by the home to make local telephone calls at no charge at any time. 4-28-16

On 2/9/16, all staff persons will be educated that residents have the right to use a telephone provided by the home to make local telephone calls in private. Documentation of education shall be kept. 4-28-16

Within 30 days of the receipt of the accepted plan of correction: An additional independent telephone line shall be installed to ensure resident can make telephone calls in private. 4-28-16,

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/05/2014	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 2/1/16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of (Date)	4-28-16	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	<i>[Signature]</i>	<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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

FEB 08 2016

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on [redacted] 5 and provided unsupervised care to residents. The home did not have a completed history background check completed until 5/13/15. The criminal history background check indicated the direct care staff person plead guilty to a M1 charge of CC430A1 Endangering the Welfare of a Child, which is a prohibitive offense.

Direct care staff person B started working in the home on [redacted] 15 and provided unsupervised care to residents. The home did not complete a criminal history background check for direct care staff person B.

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

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

The administrator, Julian Davenport, investigated the errors in the hiring process for criminal history checks according to regulation 51. The deadline for performing the criminal history for staff person A was late. Subsequently, after that the results were missed, Direct care person B's file was cited for lack of a criminal history check by the facility. The staff person B did have a criminal history done prior to employment. The staff person B was transferred from one facility to another, but the two facilities are under the same owner/legal entity (Karen Adams) (Davenport Hall and The Adams House). The administrator has developed a hiring process for the Department's requirements. The admin. is utilizing his administrative assistant, Christina Davenport, to perform checks, provide documentation, and monitor for possible offenses according to OAPSA. There is a new hire checklist to streamline this process as well.

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) Julian Davenport Date 2/1/16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of <u>4-28-16</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST CHESTER FIELD OFFICE  
Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on [redacted] 15 and provided unsupervised care to residents. The home did not have a completed history background check completed until 5/13/15. The criminal history background check indicated the direct care staff person plead guilty to a M1 charge of CC430A1 Endangering the Welfare of a Child, which is a prohibitive offense.

Direct care staff person B started working in the home on [redacted] 15 and provided unsupervised care to residents. The home did not complete a criminal history background check for direct care staff person B.

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

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

Staff person A no longer works for the home.

Immediately: The administrator or designee will review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Within 30 days of receipt of the accepted plan of correction: The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation of training shall be kept in the staff records.

*Criminal History background check for staff person B completed 4-15-15*

*4-28-16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date *4-8-16*

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A started working in the home on 4/1/15 and provided unsupervised care to residents. The home did not have a completed history background check completed until 5/13/15. The criminal history background check indicated the direct care staff person plead guilty to a M1 charge of CC430A1 Endangering the Welfare of a Child, which is a prohibitive offense.  
 Direct care staff person B started working in the home on 4/18/15 and provided unsupervised care to residents. The home did not complete a criminal history background check for direct care staff person B.

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

Violations  
 withdrawn  
 8  
 4/29/16

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 _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

FEB 08 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 6/20/15, there were 18 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 18 hours of personal care services. On this day only 14.5 hours of personal care services were provided.

On 6/28/15, there were 17 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 17 hours of personal care services. On this day only 14.5 hours of personal care services were 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.

The information given regarding hours provided per Resident was given incorrectly those calculated times included the waiting time associated with waiting for laundry to dry or for the washing machine to run its course. ~~Do~~ These amount's of time should not have been included with initial calculations because this waiting time is spent performing Direct Care.

See Page 7A of 32

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) *Julian Davenport*      Date *2/1/16*

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

The above plan of correction is approved as of 4-28-16 (Date)

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

Plan of correction implementation status as of 4-28-16 (Date)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 6/20/15, there were 18 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 18 hours of personal care services. On this day only 14.5 hours of personal care services were provided.

On 6/28/15, there were 17 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 17 hours of personal care services. On this day only 14.5 hours of personal care services were 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.

Immediately: The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

Immediately: The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dawenport*

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

Julian Dawenport

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

FEB 08 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 6/20/15, there were 18 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 13.5 hours of personal care services during waking hours. However, on this day only 9.5 hours of personal care services were provided during waking hours.

On 6/20/15, there were 17 residents in the home requiring a minimum of one hour of personal care services for each mobile resident. This requires the home to provide a minimum of 12.75 hours of personal care services during waking hours. However, on this day only 9.5 hours of personal care services were provided 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 information given regarding the hours provided of Direct Care to each Resident was given incorrectly. The Calculated times included waiting time associated with job duties that should not be included due to the fact that the waiting time is used for Direct Care. See Attached for Correct Calculations.

Immediately: The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. 4-24-16

Immediately: The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 4-28-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date 2/1/16

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

The above plan of correction is approved as of 4-28-16 (Date)

Plan of correction implementation status as of 4-28-16 (Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb.  
PCH Name: THE ADAMS HOUSE

FEB 08 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there was approximately 2' of what appeared to be mold on the inside liner of the shower curtain in the first floor common bathroom.

On 6/30/15, there was an area approximately 6" high around the base of entire shower covered in what appeared to be mold in the first floor common bathroom.

On 6/30/15, there was a 1/4" buildup of food particles and crumbs in the silverware drawer to the left of the of the kitchen stove.

On 6/30/15, there was a 1/4" buildup of dust in the bottom of the kitchen cabinet, containing cooking pots, to the left of the of the kitchen stove.

On 6/30/15, there was a 1/4" buildup of food particles and crumbs in the bottom of the kitchen cabinet, containing baking sheets, to the left of the dishwasher.

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

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

The administrator, [redacted], has understood cleaning to be a significant factor to the sanitary conditions of the home. The above violations have been cleaned and restored to a maintenance level for the shower curtain, the base of the shower, the silverware drawer, the kitchen cabinets for pots and pans and sheets for baking. The buildup has been addressed for future prevention. For housekeeping staff, a bathroom cleaning checklist and a cleaning manual for the shift, as well as a chore checklist have all been provided and implemented. For the aides, a bathroom cleaning checklist is provided in a new hire education packet and is provided to veteran staff as well. Aides also have a detailed care training manual for each shift and a daily chore checklist. The checklists are initiated and discussed with the administrator at the monthly meetings.

5.2a Page 9 of 32

Repeat Violation: yes Date(s) of Previous Violation(s): 12/5/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julian Davenport Date 2/1/16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of <u>4-28-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code 52600  
 2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there was approximately 2' of what appeared to be mold on the inside liner of the shower curtain in the first floor common bathroom.

On 6/30/15, there was an area approximately 6" high around the base of entire shower covered in what appeared to be mold in the first floor common bathroom.

On 6/30/15, there was a 1/4" buildup of food particles and crumbs in the silverware drawer to the left of the of the kitchen stove.

On 6/30/15, there was a 1/4" buildup of dust in the bottom of the kitchen cabinet, containing cooking pots, to the left of the of the kitchen stove.

On 6/30/16, there was a 1/4" buildup of food particles and crumbs in the bottom of the kitchen cabinet, containing baking sheets, to the left of the dishwasher.

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 2/9/16, all staff persons were educated on maintaining sanitary conditions in the home.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will monitor the home at least daily on each shift to ensure sanitary conditions are maintained.

Within 30 days of receipt of the accepted plan of correction: The administrator will monitor the home at least weekly to ensure sanitary conditions are maintained in the home to include food, kitchen equipment, storage areas, and bathrooms.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept.

Repeat Violation: yes Date(s) of Previous Violation(s): 12/5/14

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julian Davenport Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

FEB 08 2016

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 6/30/15, the kitchen trash receptacle was uncovered. The trash receptacle was approximately 1/4 full.

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

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

The administrator, [REDACTED], purchased a larger covered trash receptacle with a lid to assure prevention of penetration by insects and rodents into this kitchen trash receptacle. A larger receptacle has provided adequate space and easier clean up for trash during meal times making the prior reason for lid removal to be a non-issue. Staff that use this receptacle will be retrained on our sanitation practices for covered trash and trash removal as well as a demo of the use of the new trash receptacle in question at our next meeting scheduled for Tuesday, February 9, 2016.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will check the kitchen trash receptacle at least twice weekly to ensure the trash receptacle is covered.

4-28-16

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) *Julian J. D'Amico*      Date *2/1/16*

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

The above plan of correction is approved as of 4-28-16 (Date)

Plan of correction implementation status as of 4-28-16 (Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there was a section of tile cracked and missing, measuring approximately 10" by 12", from the floor in front of the toilet in the first floor full bathroom.  
On 6/30/15, there was a section of tile cracked and missing, measuring about 3" by 4", from the floor by the shower in the first floor full bathroom.  
On 6/30/15, there were three 12" by 12" <sup>tiles,</sup> missing from the floor in front of the shower in the first floor common bathroom.  
On 6/30/15, there was a stream of water measuring approximately 12" by 45' across the basement floor.

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

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

The administrator, [redacted], replaced the entire first floor bathroom floor with vinyl waterproof flooring. The administrator, [redacted], also investigated the stream of water and found that it was condensed water from the street-side wall of the basement. This water was leading to the basement drain. This water has since been dried up and the wall resealed by the administrator. The administrator is interviewing for a part-time maintenance repair person to prevent future hazardous situations. In the meantime, housekeeping and direct care staff will be trained to report unclean, disrepaired, broken, and/or hazardous surfaces to the admin., [redacted], and/or his administrative assistant, [redacted] in order to correctly maintain these surfaces. This training will take place on Tues. Feb. 9, 2016 during our next meeting. Once a repair person is hired and trained, staff will report issues to that person.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *2/1/16*

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

The above plan of correction is approved as of 4-28-16 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there was a section of tile cracked and missing, measuring approximately 10" by 12", from the floor in front of the toilet in the first floor full bathroom.

On 8/30/15, there was a section of tile cracked and missing, measuring about 3" by 4", from the floor by the shower in the first floor full bathroom.

On 6/30/15, there were three 12" by 12" tile missing from the floor in front of the shower in the first floor common bathroom.

On 6/30/15, there was a stream of water measuring approximately 12" by 45' across the basement floor.

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.

Immediately - The administrator or designee will check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home daily on each shift to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Dawenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Dawenport*      Date *4-8-16*

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 6/30/15, the shower head was continuously leaking in the first floor common bathroom.

On 6/30/15, the front panel is separated from the drawer on the first floor living room table, where the emergency plan is kept.

On 6/30/15, there was a hole with sharp edges in the top of the green plastic table on the back deck.

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

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

The administrator, Julian Davenport, replaced the leaking shower head in the first floor bathroom with a new shower head. The administrator also replaced the table that keeps the emergency plan with a new table for the first floor living room. The admin. has removed the green plastic table on the first floor back deck and added in chairs to that area instead. The administrator is interviewing for a part-time maintenance repair person to prevent future disrepair of furniture and equipment. In the meantime, housekeeping and direct care staff will be trained to report any unclean, disrepaired, broken, and/or hazardous furniture and/or equipment to the admin., Julian, and/or his administrative assistant, Christina Davenport, in order to correctly maintain the furniture and equipment. This training will take place on Tues., Feb. 9, 2016 during our next meeting. Once a repair person is hired and trained, staff will report issues to that person.

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
Julian Davenport		2/1/16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of <u>4-28-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 06/30/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 6/30/15, the shower head was continuously leaking in the first floor common bathroom.

On 6/30/15, the front panel is separated from the drawer on the first floor living room table, where the emergency plan is kept.

On 6/30/15, there was a hole with sharp edges in the top of the green plastic table on the back deck.

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.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home daily on each shift to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dawenport*

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

Julian Dawenport

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

1. **REGULATION 55 Pa.Code §2600**  
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. **DESCRIPTION OF VIOLATION**  
 On 6/30/15, the home's first aid kit did not contain gauze pads, a thermometer or tweezers.

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.*

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 4-19-16

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 _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there was no mirror in bedroom #7. Three residents occupied bedroom #7 on 6/30/15.

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 administrator, [REDACTED], has purchased a mirror for bedroom #7. The residents share the bedroom and will share this mirror mounted on the wall. To prevent this violation in the future, housekeeping staff will check resident bedrooms for mirrors. The requirements for resident bedrooms will be over-viewed at the next meeting on Tuesday, Feb. 9, 2016. If a bedroom is missing a mirror, housekeeping will let the administrator know so one can be placed in the bedroom promptly by maintenance staff.

Immediately: A mirror will be placed in bedroom #7. 4-28-16

Immediately: The administrator or designated staff person will check all resident bedrooms to ensure each resident bedroom has a mirror. 4-28-16

Within 30 days of receipt of the accepted plan of correction: The administrator will check all resident bedrooms at least monthly to ensure each resident bedroom has a mirror. 4-28-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Patricia C. Davenport*

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

Patricia Davenport

Date 2/1/16

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

The above plan of correction is approved as of

4-28-16  
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

PD  
(Initials)

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

FEB 08 2016

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6/30/15 at 11:55 a.m., the temperature of the freezer section, of the #3 refrigerator/freezer, measured 9 degrees Fahrenheit.

On 6/30/15 at 11:55 a.m. the temperature of freezer #6 measured 12 degrees Fahrenheit.

On 6/30/15 at 12:00 p.m., there was no thermometer in the chest freezer located in the basement pantry.

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

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

The administrator, [REDACTED], has a staff person contracted to handle the food service responsibilities of the home. The admin. investigated the storage temperatures of the above freezers. The refrigerator and freezer temperatures have settings that were adjusted incorrectly. The admin. re-educated the food service person on the settings and adjusted them to meet the standards of regulation 2600.103(f). The chest freezer in the basement pantry has since been equipped with a thermometer. Along with re-education by the admin. to the food service person on the settings, the food service person has received retraining on the required temperature range for the refrigerators and freezers as well as instructions to report malfunctioning pantry equipment and/or missing thermometers. This training was verbal and demonstration. Any replacements or repairs will be reported to the administrator.

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 2/1/16

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

The above plan of correction is approved as of 4-28-16 (Date)      Plan of correction implementation status as of (Date)

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

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

Violation Report: 41371 - 06/30/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6/30/15 at 11:55 a.m., the temperature of the freezer section, of the #3 refrigerator/freezer, measured 9 degrees Fahrenheit.

On 8/30/15 at 11:55 a.m. the temperature of freezer #6 measured 12 degrees Fahrenheit.

On 6/30/15 at 12:00 p.m., there was no thermometer in the chest freezer located in the basement pantry.

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.*

Immediately: The administrator will check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.

Immediately: The administrator or designee will develop a policy and procedures to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. This will include a designee checking and recording all refrigerator and freezer temperatures at least twice daily.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved in food storage and preparation will be re-educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept.

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)

Julian Dewenport

Date

4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

FFR 08 2016

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there were 3 undated packages of French toast in the kitchen freezer.

On 6/30/15, there were approximately 20 undated Salisbury steaks in a plastic grocery bag in the kitchen freezer.

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

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

The administrator, [REDACTED], has a staff person contracted to handle the food service responsibilities of the home. The staff person that was responsible for the undated packages of food has since been terminated from employment. The current food service person has been trained to follow regulation 2600.103(i) regarding the prohibition of the use of undated, outdated, and/or spoiled food as well as the use of dented cans. To prevent mistakes from further happening, a checklist for our direct care staff (12am-8am shift) has been implemented that creates a second safeguard to prohibit any undated, outdated, and/or spoiled food and also the storage of dented cans. The admin. will also periodically check the refrigerator, freezer, and cabinets before monthly staff meetings for quality assurance purposes. The checklist will also be addressed at the next meeting on Tues., Feb. 9, 2016.

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 2/1/16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(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: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there were 3 undated packages of French toast in the kitchen freezer.

On 6/30/15, there were approximately 20 undated Salisbury steaks in a plastic grocery bag in the kitchen freezer.

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.

Within 30 days of receipt of the accepted plan of correction: All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of.

Within 30 days of receipt of the accepted plan of correction: The administrator will check all food storage areas at least weekly to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dwendorff*

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

Julian Dwendorff

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there were three mugs, three plates and five bowls with cracks and chips in the upper kitchen cabinet.

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

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

The administrator, [REDACTED], has investigated why mugs, plates, and bowls were left with cracks and chips in them in our upper kitchen cabinets. All staff will be educated on procedures to prevent the use of dishes, glassware, and utensils that have chips and cracks, as well as the importance of providing clean and safe dining and serving items for eating, drinking, preparing, and serving food. The education includes throwing away damaged items immediately and replacing the items with the extras from our downstairs basement supply closet. All items missing from the supply closet will be reported to the administrator for purchase. Duplicate replacement items will be inventoried with the supplies in the supply closet for next month's supply inventory in March 2016. This policy will be orally presented at our next staff meeting, Tues, Feb 9, 2016. This policy will be added as an addendum in our employee rules contract edit for March 2016. The admin. will also periodically check the dining items before meetings for quality assurance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Sullivan Davenport*

Date 2/1/16

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

The above plan of correction is approved as of

4-28-16  
(Date)

Plan of correction implementation status as of

4-28-16  
(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: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Home Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 6/30/15, there were three mugs, three plates and five bowls with cracks and chips in the upper kitchen cabinet.

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

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

On 2/25/16, the mugs, plates, and bowls had been discarded.

Within 30 days of receipt of the accepted plan of correction: A designee will conduct a weekly check of dishes, glassware, and utensils in the home to ensure cleanliness and there are no chips or cracks. Any cracked, chipped, or damaged dishes, glassware, or utensils will be discarded.

Within 30 days of receipt of the accepted plan of correction: The administrator will conduct a monthly check of dishes, glassware, and utensils in the home to ensure cleanliness and there are no chips or cracks. Any cracked, chipped, or damaged dishes, glassware, or utensils will be discarded.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dawenport*

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

Julian Dawenport

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, the second floor rear emergency exit door leading to the deck and emergency exit stairs was locked.

On 12/7/15, the second floor rear emergency exit door leading to the deck and emergency exit stairs was obstructed by three large plastic tote containers, two computers, a garbage bag, a fan, and a laundry hamper.

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

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

The administrator, [redacted], investigated why the second floor rear emergency exit door leading to the deck and emergency exit was locked. The door knob was malfunctioning which was causing a mechanical error. The door knob has been replaced by the admin. The admin. is interviewing for a part-time maintenance repair person to prevent and fix malfunctioning door knobs and exits. In the meantime, staff that work in the building will be trained to report any broken exit equipment to the admin, [redacted], or [redacted] administrative assistant, [redacted], in order to correctly maintain this equipment. The second floor rear emergency exit door leading to the deck and emergency exit stairs was obstructed by the temporary placement of a new resident admissions belongings, placed there by the staff person on duty. That employee has since resigned from employment. Regulation 2600.121(a) will be addressed to current staff at the next meeting on Tues, Feb. 9, 2016. This will be addressed as a new addendum to our employee rules policy in our contract edit for March 2016. The admin. will periodically check for obstructions before meetings for quality assurance.

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 2/1/16

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

The above plan of correction is approved as of 4-28-16 (Date)      Plan of correction implementation status as of 4-28-16 (Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, the second floor rear emergency exit door leading to the deck and emergency exit stairs was locked.

On 12/7/15, the second floor rear emergency exit door leading to the deck and emergency exit stairs was obstructed by three large plastic tote containers, two computers, a garbage bag, a fan, and a laundry hamper.

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.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Within 30 days of receipt of the accepted plan of correction: The administrator will conduct a weekly check of the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any malfunctioning locks will be immediately repaired.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date

4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

FEB 08 2016

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/30/15, agents of the Department obtained fire drill records from staff person C, the home's administrator, for the dates of 6/22/14 through 5/6/15. On 11/20/15 Staff person C provided the Department with fire drill records from 11/7/13 through 7/6/15. Both sets of the fire drill records obtained by staff person C, for the time period from June 2014 through December 2014 did not correspond and contained different information, including different dates of drills, safe evacuation times, and number of residents in the home.

The home has an integrated fire alarm system which is monitored by a third party fire alarm monitoring company. On 12/1/15, staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 12/1/14 through 12/1/15. On 12/7/15 staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 1/1/14 through 12/31/14. The fire alarm monitoring company's records do not indicate any fire alarms being activated or a request from the home to put the system on hold for any of the home's recorded fire drills from June 2014 through July 2015. Staff person C stated none of the fire drills recorded on either of the home's fire drill records presented to the Department actually occurred.

From 1/1/14 through 12/7/15 the home only conducted five fire drills. None of the homes fire drills were recorded on the home's fire drill record. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

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 admin is now currently in charge of scheduling all drills with the monitoring service. The admin will monitor and record all fire drills. The admin has designated a staff to pull the pull station and time the evacs with a stop watch. The admin and admin assistant will monitor the fire drill calendar and fire log alternating 1x per week to ensure fire drills are performed every month.

Please see fire drill log and alarm record.

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 2/1/16

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

The above plan of correction is approved as of 4-29-16 (Date)

Plan of correction implementation status as of 4-28-16 (Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

**2a. DESCRIPTION OF VIOLATION**

On 6/30/15, agents of the Department obtained fire drill records from staff person C, the home's administrator, for the dates of 6/22/14 through 5/8/15. On 11/20/15 Staff person C provided the Department with fire drill records from 11/7/13 through 7/6/15. Both sets of the fire drill records obtained by staff person C, for the time period from June 2014 through December 2014 did not correspond and contained different information, including different dates of drills, safe evacuation times, and number of residents in the home.

The home has an integrated fire alarm system which is monitored by a third party fire alarm monitoring company. On 12/1/15, staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 12/1/14 through 12/1/15. On 12/7/15 staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 1/1/14 through 12/31/14. The fire alarm monitoring company's records do not indicate any fire alarms being activated or a request from the home to put the system on hold for any of the home's recorded fire drills from June 2014 through July 2015. Staff person C stated none of the fire drills recorded on either of the home's fire drill records presented to the Department actually occurred.

From 1/1/14 through 12/7/15 the home only conducted five fire drills. None of the homes fire drills were recorded on the home's fire drill record. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

**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 conducted fire drills on 12/28/15, 1/18/16, and 2/1/16.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the fire drill requirements of 2600.132(a) including all fire drills will be unannounced, and the required documentation of fire drills in 2600.132(c). Documentation shall be kept.

Immediately: All fire drills shall be conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Within 30 days of receipt of the accepted plan of correction: All residents will be educated on the requirements of the home to conduct a fire drill at least once a month, a fire drill in conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year. Documentation of education shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Julian Dawenfort	4-8-16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, agents of the Department obtained fire drill records from staff person C, the home's administrator, for the dates of 6/22/14 through 5/6/15. On 11/20/15 Staff person C provided the Department with fire drill records from 11/7/13 through 7/6/15. Both sets of the fire drill records obtained by staff person C, for the time period from June 2014 through December 2014 did not correspond and contained different information, including different dates of drills, safe evacuation times, and number of residents in the home.

The home has an integrated fire alarm system which is monitored by a third party fire alarm monitoring company. On 12/1/15, staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 12/1/14 through 12/1/15. On 12/7/15 staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 1/1/14 through 12/31/14. The fire alarm monitoring company's records do not indicate any fire alarms being activated or a request from the home to put the system on hold for any of the home's recorded fire drills from June 2014 through July 2015. Staff person C stated none of the fire drills recorded on either of the home's fire drill records presented to the Department actually occurred.

From 1/1/14 through 12/7/15 the home only conducted five fire drills. None of the homes fire drills were recorded on the home's fire drill record. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

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 admin has added the Firedrill responsibilities to their Duties. The admin will be responsible for Calling to schedule the drills with the monitoring Service, Recording and keeping record of time, date, evac time, and exit route ect.
- all staff will be trained on Feb Firedrills and Regulation 2600.132
- The admin will monitor Firedrill log 2x per month
- The admin assistant will check Firedrill log 2x per month on alternating week also See Attach: Firedrill log and alarm records + Staff Sign in.

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) *Julian Davenport* Date *2/1/16*

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

The above plan of correction is approved as of 1-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 41371 - 05/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, agents of the Department obtained fire drill records from staff person C, the home's administrator, for the dates of 6/22/14 through 5/6/15. On 11/20/15 Staff person C provided the Department with fire drill records from 11/7/13 through 7/6/15. Both sets of the fire drill records obtained by staff person C, for the time period from June 2014 through December 2014 did not correspond and contained different information, including different dates of drills, safe evacuation times, and number of residents in the home.

The home has an integrated fire alarm system which is monitored by a third party fire alarm monitoring company. On 12/1/15, staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 12/1/14 through 12/1/15. On 12/7/15 staff person C provided the Department with the fire alarm records from the fire alarm monitoring company for the dates of 1/1/14 through 12/31/14. The fire alarm monitoring company's records do not indicate any fire alarms being activated or a request from the home to put the system on hold for any of the home's recorded fire drills from June 2014 through July 2015. Staff person C stated none of the fire drills recorded on either of the home's fire drill records presented to the Department actually occurred.

From 1/1/14 through 12/7/15 the home only conducted five fire drills. None of the homes fire drills were recorded on the home's fire drill record. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

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.

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes; the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Immediately: All fire drills shall be unannounced and conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record.

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)

Julian Davenport

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

From 1/1/14 through 12/7/15, the home only conducted one sleeping hour fire drill which occurred on 4/18/15 at approximately 11:55 p.m.

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.

- Admin will ensure that a Night Fire drill is conducted one or more times every six months \* please see alarm records
  - Two Staff, The admin & admin assistant will Be checking the records on alternating weeks to address the poor record keeping and missed Fire drills.
  - All staff are being Re-trained on Fire drills and regulations 2600.132
  - Although we can not fix our past mistakes our monitoring records show that we have learned from them, the Admin and Admin assistant will continue to monitor fire drills and records to ensure a fire drill is conducted at least 1 time every 6 months
- \* please see Fire log and monitoring records Attached

see page 21 of 32

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Daverport* Date *2/1/16*

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

The above plan of correction is approved as of <u>4-20-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

From 1/1/14 through 12/7/15, the home only conducted one sleeping hour fire drill which occurred on 4/18/15 at approximately 11:55 p.m.

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.*

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and a record is kept for each fire drill in a record which includes all information required by 2600.132(c).

Immediately: All fire drills shall be conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Within 30 days of receipt of the accepted plan of correction: The home will conduct a sleeping hour fire drill for the next two consecutive months and at least one sleeping hour fire drill every six months thereafter.

Within 30 days of receipt of the accepted plan of correction: All residents will be educated on the requirements of the home to conduct a fire drill at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year. Documentation of education shall be kept.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Dawenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Dawenport*      Date *4-8-16*

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

From 1/1/14 through 12/7/15 the home only conducted five fire drills which were not recorded on the home's fire-drill record. The home is unable to demonstrate the residents were evacuated to designated meeting place away from the building or within the fire safe area during each drill. The home does not have designated fire-safe area designated in writing by a fire safety expert within the past year. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

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 and residents are being re-educated on the designated meeting place that is away from the ~~area~~ building \* Attached Sign in
- The lead staff that is responsible for patting the pull station and the stop timer during the Fire drills has been designated to re-iterate this every Fire drill to both staff on duty and residents participating in the Fire drill
- a diagram will be drawn up to show the designated safe meeting places and displayed in a common/public area for all residents to see

\* Attached re-education sign in, safe meeting place diagram

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

*Juliana Davenport*

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

Juliana Davenport

Date 2/1/16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of <u>4-29-16</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 09/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

From 1/1/14 through 12/7/15 the home only conducted five fire drills which were not recorded on the home's fire drill record. The home is unable to demonstrate the residents were evacuated to designated meeting place away from the building or within the fire safe area during each drill. The home does not have designated fire-safe area designated in writing by a fire safety expert within the past year. The fire drills were conducted as follows:

- 9/30/14 at 9:44 p.m.
- 4/18/15 at approximately 11:55 p.m.
- 5/11/15 at 10:10 a.m.
- 7/31/15 at 3:56 p.m.
- 9/29/15 at 4:52 a.m.

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.

Immediately: An unannounced fire drill will be conducted at least monthly and all residents shall evacuate to the designated safe area outside of the home. Documentation of fire drills shall be kept in accordance with regulation 2600.132(c).

Immediately: All fire drills shall be conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Immediately: The administrator or designee will monitor fire drills and the fire drill record at least monthly to ensure all residents are evacuated to a designated meeting place away from the building for all fire drills and fire alarm activations.

Within 30 days of receipt of the accepted plan of correction: All residents will be educated on the requirements of the home to conduct a fire drill at least once a month, a fire drill in conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year. Documentation of education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date

9-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

FEB 03 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION  
On 4/18/15 at approximately 11:55 p.m., direct care staff person C attempted to activate a fire alarm pull station in order to conduct a fire drill; however, the alarm did not sound. Staff person C used an alarm obtained on a cellular telephone to evacuate the 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.

The Fire alarm that was not in working order had been fixed last year and no problems like failure to activate have happened since.

The lead staff who has been made <sup>designated</sup> responsible for the pull station and the stop timer during Fire drills has been educated on regulation 2600.132(i) \* Attached Education sign in

The lead staff will only conduct fire drills with the pull station  
The admitt and ~~admin~~ assistant will monitor that all fire drills are conducted with the alarm active. The Admin will also reiterate this regulation before each Fire drill with the lead staff.

SEE PAGE 23A OF 32

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 2/1/16

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

The above plan of correction is approved as of <u>4-28-16</u> (Date)	Plan of correction implementation status as of <u>4-28-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 4/18/15 at approximately 11:55 p.m., direct care staff person C attempted to activate a fire alarm pull station in order to conduct a fire drill; however, the alarm did not sound. Staff person C used an alarm obtained on a cellular telephone to evacuate the 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.

Immediately: An unannounced fire drill will be conducted at least monthly and all residents shall evacuate to the designated safe area outside of the home. Documentation of fire drills shall be kept in accordance with regulation 2600.132(c).

Immediately: The home will have the entire fire alarm system checked by an authorized fire alarm company to ensure the fire alarm system is in working order. If there are any trouble alarms or the fire alarm system is not properly functioning, repairs will be immediately made. If the trouble or problem is unable to be immediately corrected the home will initiate 15 minute checks until the trouble or problem is corrected. Documentation of checks shall be kept.

Immediately: All fire drills shall be conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Immediately: The administrator will monitor fire drills monthly to ensure a fire alarm or smoke detector is activated for each fire drill.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dawenport*

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

Julian Dawenport

Date 4-8-16

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The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
On 12/7/15, there was no exit sign at the emergency exit in the kitchen by the dining tables. This emergency exit is indicated as an emergency exit on the home's emergency evacuation diagram.

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

Exit sign above the kitchen door has been replaced  
\*please see photo  
- The sign was taken down when painters came in to paint  
So we educated All staff on the importance of Exit signs  
to bring to the Admin attention in the case of it NOT  
Being replace by 3<sup>rd</sup> part painters \* please see sign in  
the admin will monitor exit signs and check all  
exits for the correct signage. once (1x) per week

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 2/1/16

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

The above plan of correction is approved as of 4-28-16  
(Date)

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

Plan of correction implementation status as of 4-28-16  
(Date)

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Resident #1's initial medical evaluation, dated 4/17/15, did not include a medication regimen. This section of the medical evaluation was blank.

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

The administrator, [REDACTED], investigated Resident #1's file for the initial medical evaluation, dated 4/17/15, which was cited as not including a medication regimen and that the section for the medication was blank. The home believes this violation to be untrue and erroneous. The medication section was not left blank as it had typed "See Attached". Stapled to the medical evaluation was the E-mar medication list for Resident #1. This medication list show a Print Date at the bottom right corner of June 12, 2015, as well as medication administration activity by staff up to June 12, 2015. This violation came from an inspection that started June 30, 2015. The home hopes that this violation can be refuted based on the attached proof showing the "See Attached" and print Date 6/12/15.

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 2/1/16

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<p>The above plan of correction is approved as of <u>4-28-16</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input checked="" type="checkbox"/> Not Implemented</p>
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Violation Report: 41371 - 05/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation, dated 4/17/15, did not include a medication regimen. This section of the medical evaluation was blank.

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.

Within 15 days of receipt of the accepted plan of correction: Resident #1 will have an in-person medical evaluation completed in its entirety. Documentation shall be kept in the resident's record.

Immediately: The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely and accurately in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. This will include when the medical evaluation form is incomplete or incorrect the medical evaluation will be corrected by the person who completed the medical evaluation or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. Documentation of education shall be kept in the staff person's record.

Immediately: The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including all required information in accordance with regulation 2600.141a2.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date *4-8-16*

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's annual medical evaluation, dated 2/6/15, does not include a medication regimen. This section of the medical evaluation was blank.

Resident #3's annual medical evaluation, dated 11/14/14, does not include a medication regimen. The document indicates see attached; however, there was no attachment.

Resident #4's most recent medical evaluation was completed on 11/8/13.

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 administrator, [redacted], investigated the medical evaluation errors. The system at the home was faulty due to several factors. Resident #2's annual medication evaluation was completed at the doctor's office with a medication regimen attached, when it got back to the facility, the medication list was not located and was not replaced. The section of the medical eval. for the regimen should have had typed "See attached". This situation occurred again with Resident #3 who took and left the medication regimen in another location and was either not replaced or not appropriately attached to the med. eval. Resident #4's most recent evaluation being 11/8/13 reflects poor storage of the paperwork as the current evaluation as well as the 2014 medical evaluation were copied and misplaced. The remedy for the errors above will be significant. The home administrator has contracted with a physician to visit the home to examine the residents. In order to correct these mistakes, we will be completing the medical evaluation two times a year (every 6 months) along with as needed for new admissions per regulation. We will print off a medication list, attach it properly, and store it in the resident file, with a complete. Files will be audited for quality assurance by the admin. on a continual basis.

MSJ

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 2/1/16

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

The above plan of correction is approved as of 4-28-16 (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PGH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's annual medical evaluation, dated 2/5/15, does not include a medication regimen. This section of the medical evaluation was blank.

Resident #3's annual medical evaluation, dated 11/14/14, does not include a medication regimen. The document indicates see attached; however, there was no attachment.

Resident #4's most recent medical evaluation was completed on 11/8/13.

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.

Within 15 days of receipt of the accepted plan of correction: Residents #2, #3 and #4 will have an in-person medical evaluation completed in their entirety.

Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. This will include when the medical evaluation form is incomplete or incorrect the medical evaluation will be corrected by the person who completed the medical evaluation or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. Documentation of education shall be kept.

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)

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

On 6/30/15, the designated smoking area is first floor back deck which is directly in the walkway and at the kitchen exit.

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.

Smoking has been temporarily banned from the upper back porch and moved to the fenced in dock below it. A fence that makes clear boundaries of the smoking area on the upper back porch will be constructed and finished by 1/22/16 to address and fix ~~some~~ smokers smoking directly in the walkway and kitchen exit.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Juliana Dewarport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juliana Dewarport*      Date *1/14/15*

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

The above plan of correction is approved as of <u>4-28-15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 08/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
On 8/30/15, the designated smoking area is first floor back deck which is directly in the walkway and at the kitchen exit.

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.  
Within 30 days of receipt of the accepted plan of correction - All staff persons and residents who smoke will be educated on the home rules for smoking and the homes policy and procedures for smoking and the location of the designated smoking area including the proper fire and safety measures and smoking is only permitted in the designated smoking area. Documentation of education shall be kept.  
Immediately: A designated staff person will monitor the home daily at least twice a shift to ensure the home's smoking policy and procedures are being followed and residents are following the home rules.

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) Julian Davenport Date 4-8-16

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

The above plan of correction is approved as of 4-28-16 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
On 6/30/15, the only menu posted in a public and conspicuous place was a menu indicating "week 2".

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.

- Current food service has been educated on the menu and the regulation. Food service has been designated to post two menus on the Fridge one for the current week and one for the next week.

- Menus will be rotated every Monday to include current and next week by our food server

- Admin and lead staff will monitor designated person weekly to ensure compliance

On 2/25/16, the current week and week in advance menus were posted in the home.  
4-1416

\* Attached: Education Sign in, Dual Menu Photos

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 4-8-16

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The above plan of correction is approved as of 4-28-16 (Date)

Plan of correction implementation status as of 4-28-16 (Date)

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

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

FEB 08 2016

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #5 is prescribed Lorazepam 0.5mg, one tablet daily at 7:00 p.m. The resident's June, 2015 medication administration record did not indicate the medication was administered on 6/11/15 at 7:00 p.m.

Resident #5 is prescribed Trihexyphenidyl 2mg, one tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. The resident's June, 2015 medication administration record did not indicate the medication was administered on 6/11/15 at 8:00 p.m.

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

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

The administrator, [redacted] investigated with the employee involved w/the evening of 6/11/15 regarding the administration of medications to Resident #5. The employee was a transfer at the time from another facility and had not used the electronic MAR system prior to employment at our home. The employee administered the medication without scanning the bar code. The employee has been re-trained by the administrator orally and by demonstration on how to properly use the e-mar scanner correctly. The employee has since been re-educated in a medication administration course in which the approved instructor highlighted the proper use of the electronic MAR system. Follow-up will be done by the administrator regarding the e-mar at monthly meetings and the employees can direct questions or watch instructional videos on the e-mar to the pharmacy that provides the e-mar service and links.

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 2/1/16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(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: 41371 - 06/30/2015 - McConnell, Deb  
PCN Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #5 is prescribed Lorazepam 0.5mg, one tablet daily at 7:00 p.m. The resident's June, 2015 medication administration record did not indicate the medication was administered on 6/11/15 at 7:00 p.m.

Resident #5 is prescribed Trihexyphenidyl 2mg, one tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. The resident's June, 2015 medication administration record did not indicate the medication was administered on 6/11/15 at 8:00 p.m.

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.

Immediately - The administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Immediately: A designated staff person qualified to administer medications will review all resident MARs on each shift to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews will be kept.

Immediately: The administrator will review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date 4-8-16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

FEB 08 2016

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Cephalexin 500mg, take one tablet by mouth three times a day for ten days, starting 6/3/15 through 6/13/15. The medication was not administered on 6/11/15 at 9:00 p.m.

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

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

The administrator, [redacted], investigated with the staff person involved with the evening of 6/11/15 regarding the prescribed Cephalexin 500mg antibiotic taken three times a day for ten days. The employee administered the medication with documenting it. The employee was a new transfer from the other facility and had not used the electronic e-mar scanner before and made a mistake in scanning the medication. The employee has been retrained by the admin. on how to properly scan medications and the proper beep one would hear. The employee has since been re-educated on the medication administration course by which the approved instructor highlighted the use of the electronic MAR. The admin. is putting out a memo regarding antibiotics as a special condition that will be monitored on a calendar by the admin. When a new antibiotic is prescribed to assure strict adherence and quality assurance, follow up will be done by admin. at the monthly meetings, missed medications always reported to the appropriate agencies, and any re-education will be done in any given situation by a approved instructor.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/14/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 2/1/16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of 4-28-16  
(Date)

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

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

PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Cephalexin 500mg, take one tablet by mouth three times a day for ten days, starting 6/3/15 through 6/13/15. The medication was not administered on 6/11/15 at 9:00 p.m.

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.

Immediately - The administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Immediately: The administrator will review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/14/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date

4-8-16

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

The above plan of correction is approved as of

4-28-16  
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

*J*  
(Initials)

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 6/30/15, there was no activity calendar posted anywhere 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 weekly activity Calendar has be posted \* please see photo
- The calendar had been taken down when we had painters in to paint the kitchen.
- To prevent this from happening again we have educated all the staff on regulation 2600.221 \* please see sign in
- we have designated a staff to monitor the weekly activity calendar, she will also be conducting the Holiday activities.
- The admin assistant will also monitor the activity calendar 1x per week to ensure it is posted.

Immediately: The administrator will ensure a weekly activity calendar is posted in the home, in a conspicuous and public place in the home, listing at least two planned activities per day and that this activity calendar is kept up to date and revised as activities change. 4-28-16

Within 30 days of receipt of the accepted plan of correction: The administrator will develop a program of activities with input from residents designed to promote each resident's active involvement with other residents, the resident's family and the community. Activities will be planned taking into consideration the residents likes, dislikes, and interests. At least two planned activities will be offered each day. 4-28-16

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/05/2014
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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) Julian Davenport Date 2/1/16

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

The above plan of correction is approved as of 4-28-16  
(Date)

Plan of correction implementation status as of 4-28-16  
(Date)

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

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

Violation Report: 41371 - 06/30/2015 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

FEB 08 2016

1. REGULATION 55 Pa.Code §2600  
2600.251(a) - A separate record shall be kept for each resident.

WEST REGION FIELD OFFICE  
Human Services License

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home on [redacted] 14. However, the home was unable to produce any of the resident's record to agents of the Department upon request.

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

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

The administrator, [redacted], admittedly had the file (resident record) of resident #6 at another office location. The resident record was locked away and secured but was not at the location when the Department arrived. The administrator and his administrative assistant, [redacted], will abide by the regulation 2600.251(a) requiring a separate record for each resident by keeping the resident records only at the office located at the personal care home for immediate access at the Department's request.

See Page 32A of 32

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 2/1/16

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

The above plan of correction is approved as of 4-28-16 (Date)      Plan of correction implementation status as of 4-28-16 (Date)
[ ] Fully Implemented
[X] Partially Implemented - Adequate Progress
[ ] Partially Implemented - Inadequate Progress
[ ] Not Implemented
The above plan of correction was approved by [initials] (Initials)

Violation Report: 41371 - 06/30/2015 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.251(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home on [redacted] 14. However, the home was unable to produce any of the resident's record to agents of the Department upon request.

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.

Immediately - The administrator or designee will review all resident records to ensure there is a resident record for each resident which contains all required contents of regulation 2600. 252 and the record is kept in the personal care home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julianne Dupont*

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

*Julianne Dupont*

Date *4-8-16*

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

The above plan of correction is approved as of 4-26-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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