



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HENDORN INC
LEGAL ENTITY

To operate COLE MANOR
NAME OF FACILITY OR AGENCY

Located at 101 MAPLE STREET, COUDERSPORT, PA 16915
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

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

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

and shall remain in effect from January 28, 2016 until July 28, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242631

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 28 2016

Ms. Vida Glover, Administrator
Hendorn Inc.
101 Maple Street
Coudersport, Pennsylvania 16915

RE: Cole Manor
License #: 242631

Dear Ms. Glover:

As a result of the Department of Human Services' (Department) licensing inspections on September 24, 2015 and December 18, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #242630 dated December 8, 2015 to December 8, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 8, 2015 to December 8, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

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

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
182b	II	23	\$5	\$115	5 calendar days from mailing date of this letter
190b	II	23	\$5	\$115	5 calendar days from mailing date of this letter
103i	III	23	\$3	\$69	15 calendar days from mailing date of this letter

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

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

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

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

Mr. Frank Minelli

3

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

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 24283 - 09/24/2015 - Yellenc, Cindy
 PCH Name: COLE MANOR

1. **REGULATION 55 Pa.Code §2600**
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. **DESCRIPTION OF VIOLATION**
 On 9-24-15, at 9:00am, the Department Licensing Representatives requested staff and resident records. At 12:30pm, a list was compiled of the records. Staff Person A stated the records were at a training with Staff Person B, who is the administrator, and were not available.

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

*Administrator was away for a 3 day training had some records with her.
 Administrator will not from this day on take records outside of Cole Manor.*

Immediately & ONGOING:
 The administrator will ensure that agents of the department have immediate access to the homes records, and residents upon request.
 The administrator is responsible for ongoing compliance. *M* 11/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Vida Glover, Administrator</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>11-2-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<i>11/20/15</i> (Date)	Plan of correction implementation status as of <i>12/18/15</i> (Date)
The above plan of correction was approved by	<i>M</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24283 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 56 Pa.Code §2600
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 The home did not have a policy on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. Staff Person A, who is the home's designee, was unable to locate the policy.

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.

Adm. has current policy book and has instructed staff to where it is always located
Policy attached

→ Due by: 12/11/15 + ONGOING
 All staff will receive training on the developed 2600-16b policy and procedure for reporting incidents to the department.
 The home will implement the policy and the administrator shall assume ongoing compliance.

[Signature]
11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-2-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/2/15</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 <i>Cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MAÑOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has physician's order for Meloxicam/Lidocaine and Metamucil. The home has not had the Meloxicam since 9-1-15 and the Metamucil since 9-20-15. Both prescriptions are straight orders and not available for the resident. The home has not submitted a Reportable Incident reports to the department for these medication errors.

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.

Call to [redacted] doctor, [redacted] was to see
 [redacted] see attached orders.

IMMEDIATELY & ONGOING

The administrator will be responsible to review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

M
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9-24-15; at 10:00am, the Administrators office was open and all the resident records were unlocked and accessible.

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.

Attached is the policy for Security, Storage, Accessibility and Authorized use of Medical Records. All staff to review policy

IMMEDIATELY & ONGOING :

. All resident records shall be stored in a locked area. All records (Resident) will be confidential and stored in a manner that protects confidentiality that is consistent with this chapter.

*M
11/20/15*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.* Date *11-1-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

2a. DESCRIPTION OF VIOLATION
 The contracts for Resident #2 dated 3/20/15 and Resident #3 dated 8/19/15 did not include a fee schedule.

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.

fee schedule is in Cole Manor Resident - Home Agreement, page 2 see attached

The administrator shall Audit all residents records and assure they are complete and assure the contracts contain all of the elements required by this Chapter at a minimum.

The Audit shall be completed by 12-11-15.

Proof of the Audit shall be maintained by the home and available upon request by the Department.

M
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vicki Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vicki Glover Adm.* Date *11-4-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home did not have a quality management plan for 2014. Staff Person A who is the home's designee was unable to locate the policy at the time of the inspection.

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

At this time I am unable to locate Quality Management file. If I am unable to locate file I will have to redo it and start over.

The administrator shall monitor and assure ongoing compliance.

M
 12/21/15

as of 12/18/15 - incomplete

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kidaw A. Lopez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 12-18-15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/18/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>cy</i>

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff Person A was unable to locate the new employee records. The Department Licensing Representatives were unable to observe the PA Criminal Background Checks for Staff Person C - date of hire [redacted] 13, Staff Person D - date of hire [redacted] 16, and Staff Person E - date of hire 11/3/14 to ensure the new staff did not have any prohibitive offenses prior to working unsupervised at 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.

Staff Person

- C- [redacted]
- D- [redacted]
- E- [redacted]

PA Criminal Background Checks attached

IMMEDIATELY + ONGOING:

The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the (OAPSA).

The administrator shall monitor and assure ongoing compliance. *mn*

11/20/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Vida Glover Adm.

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

Vida Glover Adm

Date

11-16-15

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

The above plan of correction is approved as of

11/20/15
(Date)

Plan of correction implementation status as of

12/18/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *dy*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Person A was unable to locate the new employee records for Direct Care Staff Persons C, D, and E. The Department Licensing Representatives were unable to confirm whether the new employees, who are all direct care staff persons, had a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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

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

Staff Person

- C - [Redacted]
- D - [Redacted]
- E - [Redacted]

See attached

IMMEDIATELY & ONGOING :

The administrator will develop and implement a system that ensures that all newly-hired direct care staff persons produce evidence of high school diploma or GED or before the first day of work.

The administrator shall be responsible for ongoing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm* *11/20/15*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
On 9-8-15, 9-11-15, 9-12-15, and 9-15-15, from 11:00pm to 7:00am, there were less than 50 residents present in the home. During this time there were no staff persons present in the home who were certified in first aid, obstructed airway techniques and CPR.

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.

This was an oversight by the adm, I was a hurry to get shift covered. Schedule has been changed to make sure this does not occur again

~~IMMEDIATELY + ONGOING:~~
The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training and certification will be available to agents of the Department at any time. The administrator shall monitor and assure compliance ongoing. M 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover Adm* Date *11-16-15*

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

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The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Cg</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLEMANOR

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

2a. DESCRIPTION OF VIOLATION
 Staff Person B, the home's administrator, completed only 2 hours of annual training in the training year 2014. There were an additional 12 credits completed on-line in January of 2014, but those 12 hours were needed to fulfill the required hours for the 2013 training year.

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

*Attached is Adm. Training for 2014 and 2015
 I did complete the on-line part for DHS Medication
 Administration Recertification in 2014 completed face to
 face in 2015*

IMMEDIATELY + ONGOING :
 The administrator will have 24 hr. of training
 from a source approved by the Department.
 In the future, the administrator will have at
 least 24 hr. of training from a source approved
 by the Department in each training year - Ongoing
 M
 11/20/15

Repeat Violation: Yes _____ Date(s) of Previous Violation(s) 10/09/2014

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.* Date *11-19-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

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

Plan of correction Implementation status as of 12/21/15
 (Date)

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

Violation Report: 24263 - 09/24/2016 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Person C, date of hire [redacted] 13, was not trained prior to or during the first work day.

Staff Person D, date of hire [redacted] 15, was not trained prior to or during the first work day.

Staff Person E, date of hire [redacted] 14, was not trained prior to or during the first work day.

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

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

Staff Person

- C- [redacted]
- D- [redacted]
- E- [redacted]

IMMEDIATELY + ONGOING:
 • The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance to 2600.65c.

• The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first day of work.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Admin*

11/20/15

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

Date *11-16-15*

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

The above plan of correction is approved as of *11/20/15* (Date)

Plan of correction implementation status as of *12/18/15* (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PGH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 The home could not provide any information when Staff Person C - date of hire [redacted] 13, D - date of hire [redacted] 15, and E - date of hire [redacted] 14 completed their required 40 hr orientation.

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.

See attached IMMEDIATELY + ONGOING:
 The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.
 The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours.
 The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* *M*
 11/20/15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date: *11-16-15*

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

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 The above plan of correction was approved by *M* (Initials)
 Plan of correction implementation status as of 12/18/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *cy*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Persons C - date of hire [redacted] 13, D - date of hire [redacted] 15, and E - date of hire 11/3/14 did not have any documentation to support they had successfully completed and passed the Department-approved direct care training course and passed the competency test.

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

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

IMMEDIATELY & ON GOING
 The identified staff persons will have all the training required by this regulation. Documentation of training shall be kept in accordance with 600.654.
 The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation before providing unsupervised ADL services.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Admin* *11/20/15*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Admin* Date *11-16-15*

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

The above plan of correction is approved as of *11/20/15* (Date)

Plan of correction implementation status as of *12/18/15* (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION
 Staff Person A, who is the home's designee was unable to provide any staff training documentation for the 2014 training year. Staff person A stated the training documentation was with Staff Person B, who is the administrator.

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.

*2014 Staff Training & service attached
 Will send what you want to add to this*

**IMMEDIATELY
 +
 ONGOING**

The administrator will develop a staff training plan that includes the following information:

- 1) The name, position and duties of each direct care staff person, ancillary staff person & substitute personnel and regularly-scheduled volunteer.
- 2) The required training courses for each person identified in (1).
- 3) The dates, times & location of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.655 + 2600.659. The administrator is responsible for organizing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blaver, Adm.* (11/20/15)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Blaver Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15 (Date) Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Person A, who is the home's designee was unable to provide any training documentation for the 2014 training year. The staff person stated the trainings were with 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.

All 2014 staff training is here. Adm. did have files with her to check and go over. Adm. will not remove no files from this point on.

*IMMEDIATELY
OR
ONGOING*

The administrator will develop a staff training plan that includes the following information:

- 1) The Name, position + duties of each direct care staff person, ancillary staff person or substitute personnel and regularly-scheduled volunteer.
- 2) The required training courses for each person identified in (1).
- 3) The dates, times + locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics regarding 2600.655 + 2600.65g. The administrator is responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kida Glover, Adm.* *11/20/15*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kida Glover, Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy	
PCH Name: COLE MANOR	
1. REGULATION 55 Pa.Code §2600 2600.66(a) - A staff training plan shall be developed annually.	
2a. DESCRIPTION OF VIOLATION The home did not have a staff training plan developed for 2015.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<i>2015 Cole Manor Training Plan attached</i>	
<i>IMMEDIATELY + ONGOING:</i>	
<ul style="list-style-type: none"> • The administrator shall develop a staff training plan annually. • The training plan will include, at a minimum, the topic required by 2600.655 and 2600.65g. • The home will implement the developed plan each year and thereafter, • Compliance with the plan will be kept in accordance with 2600.65a & 2600.66c. • The administrator is responsible for ongoing compliance - <i>M 11/20/15</i> 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Vida Blauer, Adm.</i>	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Vida Blauer, Adm.</i>	Date <i>11-5-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>11/20/15</i></u> (Date)	Plan of correction implementation status as of <u><i>12/18/15</i></u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>Cy</i> <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION

Staff Person A reported that the home utilizes a "house" glucometer. The glucometer was used on Resident #3 and Resident #4 to test their blood glucose.

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.

*House glucometer was disposed of the day of inspection.
 There will be no house glucometer allowed at Cole Manor*

IMMEDIATELY Ongoing:

- The administrator will replace Glucometer & assure that All residents (diabetic) have their own Meter and own diabetic supplies.
- The administrator shall contact resident # 3 #4 physician and assure (via written confirmation) that both residents are free from communicable diseases.
- The administrator shall monitor and assure ongoing compliance. *11/20/15*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.* Date *11-1-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 There was no source of lighting outside the emergency exit on the 2nd floor located near Room #6.

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.

Maintenance Dept. notified, as soon as I know a completion date I will resend this

IMMEDIATELY + ONGOING:
 The administrator shall assure that the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

The administrator shall be responsible.

M 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-5-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone located in the 2nd floor fire safe area and in Room #2 did not have the emergency numbers posted on or near the telephones.

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.

Since inspection Rm #2 and fire safe area on 2nd floor phone lines have been tagged with these numbers. Adm. will follow if new residents move into Cole Manor and are getting a phone, the new phones will be tagged the day they are installed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Blover Adm* Date *11-1-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24283 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the kitchen does not include scissors and gloves.

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 day of inspection scissors and gloves were restocked into the first aid kit. Will speak with staff on the need to replace stock items as they use them.

IMMEDIATELY ONGOING:
 The home will be equipped with a first aid kit that contains all the required items. The administrator will check first aid kit supplies at least twice per month and after each use to ensure that all of the items inside are present and usable.

[Signature]
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vicki Blower, Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vicki Blower, Admin* Date *11-1-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</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 checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>Cy</i> <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The following leftovers were located in the home's Beverage Air Refrigerator not labeled: 4 plates of turkey, apple pie, a bowl of pears, French toast, potatoes, and tuna salad.

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 have purchased new labels to mark all foods, labels are now kept in all food storage areas to ensure all foods are properly labeled.

The administrator shall monitor weekly and assure ongoing compliance.

*M
11/20/15*

ITEM: _____

DATE: _____ EMP: _____

USE BY: _____

M T W TH F SA SU



NCC www.nationalchecking.com

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-2-15*

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

The above plan of correction is approved as of 11/20/15
 (Date) Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2800
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
4 bags of frozen chicken filets were located in the Ward Deluxe freezer not labeled or dated.

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

Labels purchased and these are now in all food storage areas to ensure all foods are properly marked as they are put away.

The administrator shall monitor weekly and ensure ongoing compliance
M
11/20/15

ITEM: _____

DATE: _____ EMP: _____

USE BY: _____

M T W TH F SA SU
NCC www.nationalchecking.com

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 10/09/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-3-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

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

Plan of correction implementation status as of 12/18/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented *Cy*

Violation Report: 24283 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management agency for 2014.

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

Attached is the Emergency Preparedness Policy, I will meet with Cole Memorials Safety Officer to review and then a new copy will be forwarded to Potter County Emergency Management Office

- The procedures developed in 2600.107b will be reviewed, updated, & submitted to the local emergency management agency Annually.
- Any recommendations made by the agency will be adopted immediately.
- Documentation of submission shall be kept.

11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blover, Adm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Blover Adm* Date *11-5-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>mm</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>Cy</i>

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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
 The exit door from the 2nd floor down the steps into the living room was blocked by a green wingback chair at the bottom of the steps. The chair prevents immediate egress in the event of an emergency.

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 green chair at the bottom of the 2nd floor stairs has been removed. Adm. will ensure this area is kept clear at all times.

IMMEDIATELY ONGOING:

- The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.
- The administrator shall monitor for ongoing compliance.

M
 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-3-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the local municipality was not posted in a public conspicuous area of 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.

Coudersport Local Municipality Emergency Operations Plan is always located in the kitchen by the exit door on a wall holder.

IMMEDIATELY + ONGOING :
 • The emergency procedures required by 107 will be posted in a conspicuous and public place within the home.

The administrator shall monitor and assure ongoing compliance. *M* 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vivian Glover, Admin.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vivian Glover, Admin.* Date *11-2-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2800
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 The emergency diagrams located on the 2nd floor do not include the exit door to the home's fire safe stairwell.

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 emergency evacuation diagram on the 2nd floor has been updated and has replaced all old diagrams on the 2nd floor.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blazec, Admin.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Blazec, Admin* Date *11-2-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction Implementation status as of 12/18/15
 (Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not implemented *cy*

Violation Report: 24263 - 09/24/2015 - Yelleno, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home did not have a policy on the procedures that will be immediately implemented if a smoke detector or fire alarm becomes inoperative. Staff Person A who is the home's designee was unable to locate the policy at the time of the inspection.

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

- Cole Manor Fire Alarm Panel Failure Policy attached.

Due By: 12/14/15
 • The administrator shall train (re-train) all staff on the home's emergency procedures that shall be immediately implemented until the smoke detector or fire alarms are operable.

- The administrator shall monitor and assure ongoing compliance.

M
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-2-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

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

Plan of correction implementation status as of 12/18/15
 (Date)

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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

A Fire Safety Expert stated in writing, on October 7, 2014, that residents should be able to evacuate to a fire safe area within 3 minutes. The fire drill record indicated in the last twelve months, ten of the drills had an evacuation time of exactly 3 minutes. Staff Person A, who runs the drills stated that sometimes they forget to stop the watch so an approximation of the time is recorded on the fire drill log.

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.

Additional stop watch has been ordered to use during fire drill 1 staff person can be on each floor so accurate times can be recorded.

I can use the stop watch on my phone till new one arrives

IMMEDIATELY + ONGOING:

- The administrator assure that the proper fire drill information is recorded correctly as required by 2600.132(c).

The administrator is responsible for ongoing compliance. *M 11/20/15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted from February of 2015 to August of 2015 were all held on either Thursday or Friday and at the end of every month.

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 did not realize this pattern was happening, I will from this point on monitor this to ensure different days and times of the drills are not in a pattern.

The administrator shall monitor and assure ongoing compliance.

MW 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-4-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>MW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a DME for Resident #3 admitted to the home on [redacted] 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.

Medical evaluation has been completed since the day of inspection. See attached

The administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation.

[Signature]
 11/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Admin.</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Admin.</i>			Date <i>11-1-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/20/15</u> (Date)		Plan of correction implementation status as of <u>12/18/15</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 <i>Cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home did not have a written emergency medical plan. Staff Person A, who is the home's designee, was unable to locate the policy at the time of the inspection.

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

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

Cole Manor Policy attached

The administrator shall monitor and assure ongoing compliance and assure that all required information is available at all times for each resident.

The administrator shall monitor/Audit the residents sheets "Face Sheets" at least monthly to assure that all of the information is accurate and in accordance with 2600 143. b.

11/20/15

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 10/09/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-5-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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
 The home rules note smoking is not permitted on Cole Manor premises. However, the smoking policy notes a resident may be permitted to smoke in designated areas only.

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 is not permitted on Cole Manor premises,
 Old policy has been removed from book, see attached
 up dated policy.*

*The administrator is responsible for monitoring
 and ongoing compliance.* *mw*
11/20/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Glover, Adm.

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

Vida Glover, Adm.

Date
11-18-15

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The above plan of correction is approved as of

11/20/15
 (Date)

Plan of correction implementation status as of

12/18/15
 (Date)

The above plan of correction was approved by

mw
 (Initials)

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

Violation Report: 24283 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2800
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menu for the upcoming week (9/27/15 to 10/3/15) was not posted in a public conspicuous area of 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.

I have spoken with the head cook & relief cook to make sure this is completed each Sunday

IMMEDIATELY ONGOING:

- The home will prepare and post menus as required by this regulation.
- The administrator shall monitor and assure ongoing compliance.

M
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-2-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>cy</i> <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

On 9-24-15, Staff Person A, who is the home's designee, was unable to provide the medication administration training for staff who pass medications in the home to residents. The training information was not available 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.

Administrators had files with her for review on the day of inspection, Administrators from this day on will not remove files from Cole Manor.

The administrator shall monitor and assume ongoing compliance.

M
11/20/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/09/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-3-15*

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

The above plan of correction is approved as of 11/20/15
(Date)

Plan of correction implementation status as of 12/18/15
(Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Staff Person F stated the locks are broke on the medication carts. When asked by the Licensing Representative, if they are usually left in the dining room unattended and unlocked, Staff Person F said, "yes".

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.

Cole Manor has since inspection, purchased 2 new medication carts. I received for new carts attached.

IMMEDIATELY & ONGOING:

The administrator shall monitor and assure that all medications will be locked and inaccessible to residents & unqualified personnel.

*mm
11/20/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Adm.</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Adm.</i>			Date <i>11-1-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/20/15</u> (Date)		Plan of correction Implementation status as of <u>12/18/15</u> (Date)	
The above plan of correction was approved by <u>mm</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 24283 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 9-24-15, at 2:00pm, Calcitonin-Salmon Nasal Spray and Latanoprost Ophth. Sol. prescribed for Resident #5, were unlocked and accessible to unauthorized persons, in the small refrigerator in the kitchen.

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 medication was placed into the locked box the day of inspection, staff to review medication policy. See attached

All refrigerated medications will be locked and inaccessible to residents and unqualified personnel.

The administrator shall monitor for ongoing compliance

M
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Admin.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Admin.* Date *11-2-15*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2 had a physician's order for Antacid, chewable tablets. The bottle of Antacid had expires on 7/2015.
 Resident #6 had a physician's order for Docusate Sodium 100mg. as a PRN. The medication expired on 9/6/2014.
 Resident #7 had a physician's order for Cranberry-VD3 tablets. There were two bottles, one bottle expired on 4/2015 and the other bottle on 5/2015.
 Resident #8 had a physician's order for Loperamide HCL 2mg. The medication expired on 1/2015.
 Resident #9 had a physician's order for Ibuprofen. The medication expired on 5/2015.

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.
Medication carts were gone thru all expired medications were removed and replaced with new. Staff person who is in charge of ordering meds, has made an OTC order form to help track count and expire dates as she orders meds. See attached

The administrator shall monitor/Audit medications Monthly and ensure ongoing compliance.
M 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kida Glover, Adm.* Date *11-1-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction Implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

A bottle of Antacids and a bottle of D3 400 belonging to Resident #2 was located in the medication cart and was not labeled with the resident's name.

A bottle of I-Caps belonging to Resident #10 was located in the medication cart and was not labeled with the resident's name.

A bottle of Aspirin 81mg, belonging to Resident #11 was located in the medication cart and was not labeled with the residents name.

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

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

I have spoke with the staff person who does the med order for Cole Manor to mark bottle with Residents names before med. is put away.

The administrator shall monitor/Audit medications Monthly and assure ongoing compliance.

Mm
 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-1-16*

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

The above plan of correction is approved as of 11/20/15
 (Date)

Plan of correction implementation status as of 12/18/15
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2800
 2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a: DESCRIPTION OF VIOLATION
 The home's medication policy did not include the use of medical equipment, documentation of the receipt of controlled substances and prescription medications and a process to investigate and account for missing medications.

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

See attached policies

DUE: 12/14/15 + ONGOING

The home shall develop & implement procedures for for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

All staff who administer medications will be REtrained on the procedures. Documentation of training will be maintained by the home. *11/20/15*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.* Date *11-17-16*

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

The above plan of correction is approved as of *11/20/15*
 (Date)

Plan of correction implementation status as of *12/18/15*
 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medication listed on the resident's medication administration record, however the medication was not ordered by the physician and was brought in by the resident's family.
 Resident #4's medication administration record does not include a diagnosis or purpose for the following medications: bactroban, metoprolol and donepezil.

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

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

Resident #1 [redacted] had orajel for a toothache family brought in and it was put into med cart. Removed the day of inspection.

Resident # [redacted] diagnosis for metoprolol - HTN, donepezil / Aricept - dementia, Bactroban ointment - apply to small open area inside left ankle area.

• Diagnosis or purpose will be added the day these are ordered and written up in the med book.

• The administrator shall monitor "Monthly" and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* *11/20/15*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-5-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLÉ MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 refused the Advair 250/50 twice daily from 9/1-9/8/15 and 9/10-9/23/15. The home did not notify the prescriber regarding the refusals.

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

*Resident #1 [redacted] doctor has been notified
 see attached order.*

In the future, the home will ensure that refusal to take prescribed medications is reported as required by this regulation.

*The administrator shall monitor for ongoing compliance.
 M 11/20/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kida Blower, Adm.

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

Kida Blower Adm.

Date

11-16-15

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

The above plan of correction is approved as of

11/20/15
 (Date)

Plan of correction implementation status as of

12/18/15
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is being administered Orajel by staff, however it was not prescribed by a physician. Resident #1 has prescriptions for the following medication, Meloxicam/Lidocaine and Metamucil. The Meloxicam/Lidocaine has not been available for the resident since the beginning of September 2015 and the Metamucil has not been available since 9/20/15.

Resident #4's has an order for blood glucose readings 3 times daily at 7am, 4pm, and 8pm. On 9/20/15 at 7am there was no blood glucose reading in the resident's glucometer.

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

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

Resident #1 [redacted] - orajel was brought in by family for resident with a tooth ache, orajel removed from med cart on the day of inspection

Resident #1 Meloxicam/Lidocaine Creams had to be ordered and purchased by the family, times family would not have Rx available at times.

Dr. [redacted] notified see attached

Resident #4 [redacted] was discharged from the hospital to Cole Manor, At the time of admission [redacted] did not have [redacted] glucometer with [redacted] Cole Manor has since disposed of house glucometer and will not longer have one at all.

The administrator shall assume that the home follows the direction of the prescriber

mm 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) Vida Blover, Adm.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vida Blover, Adm Date 11/16/15

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

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Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION
Resident #1 has prescriptions for the following medication, Meloxicam/Lidocaine and Metamucil. The Meloxicam/Lidocaine has not been available for the resident since the beginning of September 2015 and the Metamucil has not been available since 9/20/15. The medication error was not reported to the prescriber.

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

Resident #1 [redacted] *See page 43 of report*

In the future, the home will assure that all medication errors are reported to the Department, the resident, the resident's designated person and the prescriber. The administrator shall monitor and assure ongoing compliance.

[Signature]
11/20/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Vida Glover, Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15
(Date)

Plan of correction implementation status as of 12/18/15
(Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

According to the staff schedule, on 9/8/15, 9/11/15, 9/12/15, and 9/15/15, the 10pm - 6am shift did not have anyone working who has completed a Department -approved diabetes patient education program within the past 12 months.

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.

[Redacted] had diabetic education, see attached

The administrators shall monitor and assure ongoing compliance.

*M
11/20/15*

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/09/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-16-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #2 admitted [redacted] 15 and Resident #3 admitted [redacted] 15 was not educated on their right to question or refuse medication if they believe there was an error.

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

• Policy attached, Residents will be educated on the right to question or refuse a medication if the resident believes there may be a medication error. This also will be added to all new resident agreements.

• The administrator shall monitor and assure ongoing compliance.

[Signature]
 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vicki Glover Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vicki Glover Adm.* Date *11-19-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction Implementation status as of 12/18/15 (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment portion of the RASP does not indicate when the assessment was finalized. The resident was admitted to the home on [redacted] 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.

Resident #3 [redacted]
 [redacted] was admitted into the hospital on [redacted] 15
 discharged on [redacted] 15. See attached
 Adm. will pay closer attention to ensure all forms
 are completed within the given time frame.
 See attached signature page

~~IMMEDIATELY ONGOING:~~

The administrator will develop a system
 to ensure that all assessments are done
 correctly, completely, and within the time
 frames required by this Chapter.

The administrator is responsible for ongoing

Repeat Violation: No Date(s) of Previous Violation(s): [redacted] Compliance

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.* Date *11-1-15*

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

The above plan of correction is approved as of <u>11/20/15</u> (Date)	Plan of correction implementation status as of <u>12/18/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident # 3's, date of admission [redacted] 15, RASP is not signed by the resident or the person completing the RASP.

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

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

Resident #3 [redacted]

See pages 47 for signature page

All support plans will be signed and dated by the individuals who participated in the development of the plan. If one or more of the individuals who participated in the development of the plan are unable to or unwilling to sign, documentation of the inability or unwillingness will be kept. The administrator shall monitor for ongoing compliance. m 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Date *11-1-15*

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The above plan of correction is approved as of *11/20/15* (Date)

Plan of correction implementation status as of *12/18/15* (Date)

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

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

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #3's, date of admission [redacted] 15, record does not include identifying marks if any and eye color.
Resident #4's, date of admission [redacted] 15, record does not include identifying marks if any.

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

Resident # 3 [redacted] - form completed - see attached
#4 [redacted] - form completed - attached
Adm. will take time to make sure no places are not completed in files

~~DUE 12/14/15 + ONGOING~~

The administrator will review/Audit all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately.

The administrator shall monitor for ongoing compliance. *[Signature]* 11/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover, Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA GLOVER, Adm* Date *11-4-15*

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

The above plan of correction is approved as of 11/20/15 (Date)

Plan of correction implementation status as of 12/18/15 (Date)

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

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

cy

Violation Report: 24263 - 09/24/2015 - Yellenic, Cindy
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

Staff Person A, who is the home's designee did not have the current policies and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

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.

Security, Storage, Accessibility and Authorized use of Medical Records Policy attached. Staff to review policy.

The administrator shall review the homes policy/procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records with all staff.

The review of the policy/procedures shall be completed by 12/14/15.

W 11/20/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm.* Date *11-1-16*

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

The above plan of correction is approved as of 11/20/15 (Date) Plan of correction implementation status as of 12/18/15 (Date)

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

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