



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 04 2015

Ms. Linda Howard, Administrator
Perry South Personal Care Home, Ltd.
1129 Tweed Street
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home
License #: 433731

Dear Ms. Howard:

As a result of the Department of Human Services' (Department) licensing inspections on September 30, 2015 and October 28, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

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)
17	II	7	\$5	\$35	5 calendar days from mailing date of this letter
65a	II	7	\$5	\$35	5 calendar days from mailing date of this letter
65b	II	7	\$5	\$35	5 calendar days from mailing date of this letter
141b1	II	7	\$5	\$35	5 calendar days from mailing date of this letter
187a	II	7	\$5	\$35	5 calendar days from mailing date of this letter
3c	III	7	\$3	\$21	15 calendar days from mailing date of this letter
162c	III	7	\$3	\$21	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 of 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.

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

Enclosure
Licensing Inspection Summary

Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's current licensing inspection summaries, dated 1/22/15 and 4/22/15 were not posted in a conspicuous and public place in the home.

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

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

Immediately: The administrator will post the current licensing inspection summaries, dated 1/22/15 and 4/22/15, in their entirety, in a conspicuous and public place in the personal care home.

Immediately: The administrator or designated staff person will check the home daily to ensure all required postings including the current licensing inspection summaries are posted in a conspicuous and public place in the personal care home. Documentation of checks shall be kept.

Immediately: Any new licensing inspection summaries that are issued by the Department shall be immediately posted, in their entirety, in a conspicuous and public place in the home, redacting the privacy coding documents.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the required documents that shall be posted in a conspicuous and public place in the home, to include a copy of the current licensing inspection summaries. Documentation of education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015	03/20/2014
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Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

At 9:16 a.m. there was a licensing inspection summary, dated 5/28/14, with the resident privacy coding document attached unlocked and accessible above the home's fireplace. This privacy coding document contained eight residents' names, to include residents #1, #2, #3 and #4.

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

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

Immediately: The resident privacy coding document will be removed and placed in a locked area.

Immediately: A designated staff person on each shift will monitor the home daily to ensure all resident records to include; resident privacy coding documents are kept confidential and locked. Documentation of these checks shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the confidentiality of resident records to include, resident privacy coding documents and the procedures for maintaining resident records in a secure location. Documentation of education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015		
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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

Direct care staff person A, hired on [REDACTED] 15, did not receive training in any topics specified in 2600.65(a) to include, evacuation procedures and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

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: Direct care staff person A will complete the required training specified in 2600.65(a).

Immediately: The administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness specified in 2600.65(a). Any staff person identified through this review process as not having completed the required training specified in 2600.65(a) will immediately receive this training. Documentation of this review shall be kept.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all newly hired direct care staff persons, ancillary staff persons, substitute personnel and volunteers receive an orientation in general fire safety and emergency preparedness as specified in 2600.65(a) prior to or during the first work day. Documentation of training shall be maintained in each staff persons file.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

Direct care staff person A, hired on [redacted] 15, did not receive training in any topics specified in 2600.65(b) to include, emergency medical plan and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102). Direct care staff person A completed their 40th scheduled work hour on 8/13/15.

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.

Immediately: Direct care staff person A will completed the required training specified in 2600.65(b).

Immediately: The administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Any staff person identified through this review process as not having completed the required training under regulation 2600.65(b) will immediately receive this training. Documentation of this review shall be kept.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all newly hired direct care staff persons, ancillary staff persons, substitute personnel and volunteers receive an orientation in resident rights, emergency medical plan and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and reporting of reportable incidents and conditions within 40 schedule working hours. Documentation of training shall be maintained in each staff persons file.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. **DESCRIPTION OF VIOLATION**

At 10:00 a.m., there was an approximate 1/8 inch coating of brown dirt/dust covering the entire bathroom ceiling exhaust fan vent cover.

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

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

Immediately: The administrator or designated staff person will clean the basement bathroom exhaust fan vent cover.

Immediately: The administrator or designated staff person will check the sanitary conditions in all bathrooms daily on each shift. Documentation of these checks shall be kept.

Immediately: The administrator will devise and implement a system to enable staff to report any unsanitary condition that they cannot correct at the time of discovery to the administrator or maintenance staff person.

Immediately: Any identified or reported unsanitary conditions will be corrected immediately by the staff person identifying the situation or designated staff person.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found throughout the home with emphasis on bathroom sanitation to include clean exhaust fan vent covers. Documentation of education shall be kept.

Repeat Violation: No

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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie				
PCH Name: PERRY SOUTH PERSONAL CARE HOME				
1. REGULATION 55 Pa.Code §2600 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.				
2a. DESCRIPTION OF VIOLATION Resident #1's most recent medical evaluation was completed on 6/20/14. Resident #2's most recent medical evaluation was completed on 6/20/14.				
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> Immediately: Residents #1 and #2 will have a medical evaluation completed by a physician, physician's assistant or certified nurse practitioner. The results of the medical evaluations will be documented on the Department's Documentation of Medical Evaluation (DME) form and submitted to the Department. Immediately: The administrator or designated staff person will review all resident records to ensure a medical evaluation has been conducted within the last year. Any resident identified through this review process as not having had a medical evaluation conducted, immediately a medical evaluation will be scheduled. Documentation of this review shall be kept. Immediately: A resident document tracking system will be developed and implemented to ensure all required documentation, including a medical evaluation is completed on the form specified by the Department at least annually. Once implemented, all staff will be immediately educated on this system. Documentation of this tracking system and staff education shall be kept. Immediately: The administrator shall monitor the tracking system monthly to ensure all residents have a timely medical evaluation, completed in its entirety, at least annually.				
Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015	01/22/2015	05/28/2014
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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

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 #3's September 2015 medication administration record (MAR) does not include a diagnosis or purpose for the prescribed medication Sertraline HCL 50mg.

Resident #4's September 2015 MAR does not include a diagnosis or purpose for the following prescribed medications:

- Atorvastatin 80mg
- Gabapentin 800mg
- Promethazine 6.25 MG/5 ML

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: Resident #3's MAR will be updated to include diagnoses or purposes for all prescribed medications, including Sertraline HCL 50mg.

Immediately: Resident #4's MAR will be updated to include diagnoses or purposes for the all prescribed medications, including the following:

- Atorvastatin 80mg
- Gabapentin 800mg
- Promethazine 6.25 MG/5ML

Immediately: The administrator or designated person qualified to administer medications will review all resident MARs at least daily to ensure all prescribed medications are documented on the MAR as prescribed, to include a diagnosis or purpose for each medication. Documentation of review shall be kept.

Immediately: The administrator will complete an initial and monthly review of all MAR's to ensure all prescribed medications are accurately documented on the MAR, to include a diagnosis or purpose for each medication. Documentation of review shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be reeducated, by a Department-approved Medication Train the Trainer, on the required content of resident MAR's, to include a diagnosis or purpose for each medication. Documentation of reeducation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015	01/22/2015	05/28/2014
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Violation Report: 43373 - 09/30/2015 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

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.

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 43373 - 10/28/2015 - Garrigan, Laurie
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary (LIS), dated 4/22/15, was posted in the home; however, pages 6, 7 and 8 of the LIS were not posted in a conspicuous and public place in the home.

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

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

Immediately: The administrator will post the current licensing inspection summaries, dated 1/22/15 and 4/22/15, in their entirety, in a conspicuous and public place in the personal care home.

Immediately: The administrator or designated staff person will check the home daily to ensure all required postings including the current licensing inspection summaries are posted in a conspicuous and public place in the personal care home. Documentation of checks shall be kept.

Immediately: Any new licensing inspection summaries that are issued by the Department shall be immediately posted, in their entirety, in a conspicuous and public place in the home, redacting the privacy coding documents.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the required documents that shall be posted in a conspicuous and public place in the home, to include a copy of the current licensing inspection summaries. Documentation of education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015	03/20/2014	
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Violation Report: 43373 - 10/28/2015 - Garrigan, Laurie
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 There was a significant amount of miscellaneous trash items throughout the home's grounds, to include, multiple empty cigarette packages, food wrappers and styrofoam cups.

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

Immediately: The administrator or designated staff person will remove all trash from the home's grounds, and place in a covered receptacle.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will monitor the exterior grounds of the home at least weekly to ensure sanitary conditions are maintained, to include, keeping trash in covered receptacles.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on sanitary conditions, to include, keeping trash outside the home in covered receptacles.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 10/28/2015 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

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 municipality in which the home is located and the home's written emergency procedures were not posted in a conspicuous and public place in the home.

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

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

Immediately: The administrator will post the emergency preparedness plan for the municipality and the home's emergency procedures in a conspicuous and public place in the home.

Immediately: The administrator will check the home at least weekly to ensure the emergency preparedness for the municipality and the home's emergency procedures are posted in a conspicuous and public place in the home.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the requirement to post and location of the posted emergency preparedness for the municipality and the home's emergency procedures to ensure all staff knows where to obtain critical information in the event of an emergency.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 10/28/2015 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's menu for the week of 11/1/15 thru 11/7/15 was not posted in a conspicuous and public place in the home.

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

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

Immediately: To involve the residents in meal planning, the administrator will meet with the residents at least monthly to obtain foods and recipes the residents would like to see on the menu. The administrator will create a current weekly menu and a menu for the following week indicating the specific food items served at each meal. These menus will be posted in a conspicuous and public place in the home.

Immediately: The administrator or designated staff person will check the home daily to ensure the menus for the current and following week are posted in a conspicuous and public place in the home. Any changes to the menu shall be posted in a conspicuous and public place in the home in accordance with 2600.162(e). Documentation of these checks shall be kept.

Immediately: The administrator will ensure the home has the specific foods identified on the menu available in the home. If there is a need to change the menu, this change will be posted, in advance of the meal, in a conspicuous and public place in the home in accordance with 2600.162(e). Past menus of meals that were served, including changes, shall be kept for at least one month in accordance with 2600.162(d).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015	03/20/2014	
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