



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **JAH-JIREH HOMES OF AMERICA - ALLENTOWN**
LEGAL ENTITY

To operate **LEGACY PLACE COTTAGES**
NAME OF FACILITY OR AGENCY

Located at **2051 BEVIN DRIVE, ALLENTOWN, PA 18103**
(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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **February 2, 2016** until **August 2, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **225512**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [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: FEB 02 2016

Mr. Micah J. Killgore, Business Manager
Jah-Jireh Homes of America – Allentown
2051 Bevin Drive
Allentown, Pennsylvania 18103

RE: Legacy Place Cottages
License #: 225512

Dear Mr. Killgore:

As a result of the Department of Human Services' (Department) licensing inspection on November 6, 2015 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your 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	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132h	II	11	\$5	\$55	5 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.

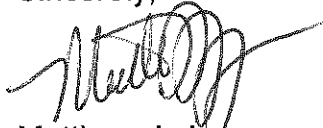
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain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

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,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 24

PCH Name: LEGACY PLACE COTTAGES		License Number: 22551
Address: 2051 BEVIN DRIVE, ALLENTOWN, PA 18109		County: Lehigh
Administrator: LOIS E. VINCENT		Region: NORTHEAST
Legal Entity Name: JAH-JIREH HOMES OF AMERICA- ALLENTOWN		
Legal Entity Address: P.O. BOX 537, ALLENTOWN, PA 18109		
Certificate(s) of Occupancy I-2 04/30/2015 SALISBURY TOWNSHIP		
Staffing Hours Resident Support: 0 Total Daily Staff: 13 Waking Staff: 10		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/06/2015: Dumas, Gerald; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 2

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

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 facility does not have the Chapter 2600 Regulations or the facility's current Licensing Inspection Summary report completed on 6/16/15 posted in a public and conspicuous place within the facility.

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

THE LICENCE HAS BEEN POSTED IN A PUBLIC AREA.
 THIS WILL NOT BE REMOVED. THE BUSINESS MANAGER WILL
 CHECK WEEKLY TO VERIFY IT IS THERE, AND IF IT IS NOT, THEY
 WILL REPLACE IT.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
MICAH J KILLGORE			12/31/15

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

The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1-11-16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented 

Violation Report: 22561 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 56 Pa.Code §2600
2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION
The facility is currently holding \$1,100.00 for resident # 1. The facility has been holding \$900.00 for the resident since 3/26/15. The facility has not offered assistance to the resident to open an interest bearing account.

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.

NEW HOME POLICY IS TO NOT CARRY ANY MORE THAN
EXCESS
\$200.00 CASH IN HOME SAFE FOR ANY ONE RESIDENT. FUNDS
HAVE BEEN DISPERSED TO RESPECTIVE RESIDENT OR FINANCIALLY
RESPONSIBLE PARTY. DURING THE QUARTERLY STATEMENT OFFERED TO
THE RESIDENTS, THE BOOKKEEPER WILL VERIFY THAT THE FUNDS ON HAND
ARE KEPT UNDER \$200.00. IF THEY GO OVER, THE BOOKKEEPER WILL OFFER TO
THE RESIDENT IF THEY WOULD LIKE HELP IN OPENING AN INTEREST BEARING
SAVINGS ACCOUNT.
Adm or Designee will perform periodic reviews of
resident financial records to ensure ongoing compliance.
OR 1-11-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
MICHAEL J. KILGORE			12/31/15

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
 The resident-home contract for resident # 2 does not include charges for holding a bed during hospitalization or an extended absence.

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 HAS BEEN CORRECTED. THERE IS NO PRICE ADJUSTMENT TO THE ROOM RATE, SO THE BLANK HAS BEEN FILLED.

WE ARE GOING THROUGH ALL RESIDENTS FILES AND WILL ENSURE COMPLETENESS THIS WILL BE DONE AND VERIFIED YEARLY BY THE CARE MANAGER.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICAH J. KILGORE	12/2/15

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

The above plan of correction is approved as of 1-11-16
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress h2/2/16
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PGH Name: LEGACY PLACE COTTAGES

1. REGULATION 65 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 A, (Date of Hire [redacted] 15), whose first day of employment was [redacted] 15, did not receive any of the required training prior to or during the first work day of employment.

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

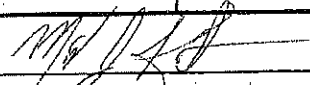
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

EMPLOYEE HAS HAD ORIENTATION AND HAS SIGNED OFF THAT HE HAS RECEIVED SUCH. THIS IS IN HIS EMPLOYEE FILE.

THE ADMINISTRATIVE ASSISTANT WILL ENSURE THIS IS DOCUMENTED AND WILL DO YEARLY CHECKS DURING EMPLOYEE EVALUATIONS

Adm or Designee will ensure a checklist tool or a double check of new employee's files are completed during the hiring and training process in order to ensure ongoing compliance. ep. 1-11-16

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

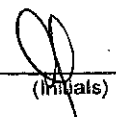
Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12/31/15
MICHAEL J. KILLOCHE

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

The above plan of correction is approved as of 1-11-16 (Date)

Plan of correction implementation status as of 1/21/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 22551 - 11/08/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

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 persons B (Date of Hire [redacted] 14), C (Date of Hire [redacted] 14), and D (Date of Hire [redacted] 15), did not receive the required training within the 40 scheduled working hours of employment

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 EMPLOYEES HAVE RECEIVED THE ABOVE TRAINING. ALL STAFF WILL SIGN THE REQUIRED ACKNOWLEDGEMENT FORMS OR NEXT STAFF MEETING ON JANUARY 4TH, 2016.

A NEW EMPLOYEE HANDBOOK HAS BEEN CREATED WITH ALL FORMS DEEDED, AND A CHECKLIST IS IN EACH EMPLOYEE FOLDER. THE ADMINISTRATIVE ASSISTANT WILL FOLLOW WITH THIS. THEY WILL ALSO PERFORM A YEARLY CHECK DURING EVALUATION TIME.

~~Adm Designee will ensure this same process is in place for all staff in the home w/ ancillary duties to ensure ongoing compliance. CC 1-11-16.~~

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MICHAEL J. KILLGORE		12/31/15

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

The above plan of correction is approved as of <u>1-11-16</u> Adm Des. will ensure a checklist (Date) or tool is used on new employee files to ensure all elements of hiring & training are in order to assure ongoing compliance. The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>1/20/16</u> (Date) <ul style="list-style-type: none"> <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 <u>hw</u>
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Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
Ancillary staff person E, the home's chef, whose first day of employment was on [redacted] 15, did not have any orientation to his/her specific job duties.

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

THE HOME'S CHEF HAS HAD ALL ORIENTATION AND HAS SIGNED ACKNOWLEDGEMENT FORMS.

THE ADMINISTRATIVE ASSISTANT WILL ENSURE ALL PAPERWORK IN EMPLOYEES FILES ARE SIGNED. THIS WILL BE REVIEWED YEARLY DURING EMPLOYEE EVALUATIONS BY THE ADMINISTRATIVE ASSISTANT.

Adm/Designee will ensure this same process is in place for all staff in the home w/ ancillary duties to ensure ongoing compliance. 1-11-16

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction is approved as of 1-11-16 (Date)

Plan of correction implementation status as of (Date)

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

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a 32 ounce spray bottle containing a light green/blue soapy substance. The spray bottle did contain a label indicating the substance located within the spray bottle.

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 SPRAY BOTTLES HAVE BEEN LABELED.

THE HOUSEKEEPING COORDINATOR WILL CONDUCT A WEEKLY CHECK AND REMOVE ~~OR~~ AND RELABEL EACH BOTTLE IF LABELS ARE LOOSE. THIS WILL BE REDONE WITH PERMANENT MARKER.

Adm 1 Designee will perform random walkthroughs of the building in order to ensure ongoing compliance. CP. 1-11-16

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

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICHAEL J. KILLGORE	12/31/15

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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>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The hot water temperature measured at the sink in resident room 105 measured 123 degrees Fahrenheit.

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 TEMPERATURE ON THE WATER HEATER IN USE FOR THOSE ROOMS HAS BEEN ADJUSTED. THE TEMPERATURE NOW READS 114.5°F.

THIS WILL BE ADDED TO THE WEEKLY CHECKLIST FOR ROOM CLEANING. FOR THE HOUSEKEEPING STAFF.

THE MAINTENANCE COORDINATOR WILL FOLLOW WITH ANY NEEDED ADJUSTMENTS.

Adm Designee will perform random hot water temp checks to ensure ongoing compliance. CQ. 1-11-16

Repeat Violation: ~~NO~~ YES Date(s) of Previous Violation(s): 6-16-15

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL J. KILGORE Date 12/31/15

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The above plan of correction is approved as of 1-11-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/2/16 (Date)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2800.91 - 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 resident room 105 has an outside line; however the Emergency Telephone numbers are not posted on or near the telephone.
 The telephone located in resident room 110 has an outside line; however the Personal Care Home Complaint Hotline Number is not posted.

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 PHONELIST HAS BEEN UPDATED AND A LIST PLACED NEXT TO EACH PHONE.

HOUSEKEEPING WILL PERFORM WEEKLY CHECK IN RESIDENT ROOMS.

MICAH KILGORE WILL VERIFY NON-RESIDENT PHONES TO HAVE LIST.

MICAH KILGORE WILL FOLLOW WITH REPLACING ANY MISSING LISTS.

Repeat Violation: NO YES	Date(s) of Previous Violation(s): 9-16-15
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICAH J. KILGORE	12/31/15

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Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The Amana refrigerator located within the facility's kitchen does not contain a thermometer, and therefore it cannot be determined that the food is being stored the proper temperatures.

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.

11

THERMOMETERS ARE PLACED IN EACH FRIDGE/FREEZER. TEMPERATURE IS TAKEN DAILY BY COOK.

COOK WILL INFORM BUSINESS MANAGER^(RM) OF ANY MISSING AND THE BM WILL FOLLOW WITH REPLACING.

Adm or designee will perform periodic checks of all refrigerators & freezers in the home to ensure ongoing compliance. 1-11-16

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12/31/15

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Plan of correction implementation status as of 1/21/16 (Date)

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

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

Violation Report: 22551 - 11/08/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 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 facility's fire evacuation diagrams do not indicate where the pull stations are located.

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.

NEW EVACUATION ROUTE SIGNS HAVE BEEN PESTED WITH THE
 EMERGENCY PULL STATIONS ADDED.

THESE WILL BE CHECKED MONTHLY BY BUSINESS MANAGER, AND
 THEY WILL REPLACE ANY MISSING.
 Adm/ Designer will also perform periodic
 walk throughs of the facility to ensure ongoing
 compliance. *ef* 1-11-16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MICHAEL J. KILGORE		12/31/15

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The facility currently has two residents that require assistance to evacuate in an Emergency. Resident # 3 requires a two person assist to transfer from bed to chair. Resident # 2 requires a one person assist from bed to chair with the use of a ceiling lift. The facility notified the local fire department on 11/5/15 to update that two residents are in wheelchairs during the day and in hospital beds at night. The letter does not indicate that these residents have a mobility need or require assistance to transfer and or evacuate.

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.

UPDATED LETTER SENT TO FIRE DEPARTMENT. THIS STATES
OUR GENERAL NEEDS AS A PERSONAL CARE HOME.

THIS WAS DESIREABLE BY THE FIRE DEPARTMENT BUSINESS MANAGER
WILL VERIFY THIS IS ACCURATE EVERY 6 MONTHS.

The Adm will review the mobility of the
home's residents, at minimum, on a monthly
basis following the home's fire drill. Any changes
in residents mobility needs to evacuate in an
emergency will be updated. QP - 1-11-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/16/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 12/31/15

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

The above plan of correction is approved as of 1-11-16
(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 1/21/16
(Date)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION
 Department Representatives measured the external frame of the natural gas fire place. The frame measured 141.6 degrees Fahrenheit while the fire place was in use. There is no guard in place to prevent residents from being burned.

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.

FIRE SCREENS WERE ORDERED AND ARE NOW IN PLACE.

BUSINESS MANAGER WILL VERIFY THEIR PRESENCE AND WILL REPLACE AS NEEDED. Adm/Designee will review periodically while in use to ensure ongoing compliance. Q. 1-11-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

MICAH J. KILLGORE 12/31/15

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

The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1/21/16</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The facility conducted fire drill on the following days. The evacuation time for these drills exceeded the facility's maximum evacuation time of 2 minutes and 30 seconds.

- 7/2/15 at 1:33pm - 3 minutes 5 seconds to evacuate
- 7/20/15 at 4:06pm - 2 minutes 58 seconds to evacuate
- 8/18/15 at 2:15pm - 2 minutes 33 seconds to evacuate
- 10/30/15 at 9:35pm - 4 minutes 9 seconds to evacuate

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.

FIRE SAFETY EXPERT GAVE LETTER WITH AN UPDATED EVACUATION TIME OF 6 MINUTES 45 SECONDS.

ADMINISTRATOR ^{OR DESIGNEE} WILL FOLLOW WITH ~~RECORDING~~ ^{timing the evacuations.} FIRE DRILL TIMES TO ENSURE TIMING IS COMPLIANT.

The Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance. CP. 1-11-16

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12/31/15

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

The above plan of correction is approved as of 1-11-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/21/16 (Date)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 56 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Fire Drills were conducted on 9/23/15 at 11:20pm and 10/30/15 at 9:35pm. During these drills the residents reported to each resident's bedroom doors and then were permitted to return to each resident's room. The residents did not fully evacuate to common fire safe areas as required.

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 RESIDENTS WILL NOW EVACUATE TO A PUBLIC AREA ^{fire safe area or designated meeting} LETTER ^{plate} _{OP} 1-11-16
 WAS GIVEN TO ALL RESIDENTS FOR THEIR ACKNOWLEDGEMENT.

BUSINESS MANAGER WILL VERIFY THIS IS DONE DURING FIRE DRILLS AND WILL PROVIDE ADDITIONAL TRAINING IF NEEDED.

Adm will review fire drill logs on a monthly basis. Any problems noted during fire drills will be documented. Subsequent fire drills in the same month will be conducted, if necessary, to successfully complete a fire drill that is in compliance w/ all pertinent regulations. _{OP} 1-11-16.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/16/2015
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICAH J. KUBERCI	12/31/15

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The above plan of correction is approved as of 1-11-16
 (Date)

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

Plan of correction implementation status as of 1/21/16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented [Signature]

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
There is no exit sign over the dining room exit door which leads out to the front patio. The home currently serves 11 residents.

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

EXIT SIGNS HAVE BEEN ADDED TO ALL EXITS AS NEEDED.

BUSINESS MANAGER WILL VERIFY WEEKLY THEY ARE PRESENT AND WILL REPLACE IF ANY ARE MISSING.

Adm will perform random checks throughout the building on a periodic basis to ensure ongoing compliance. Cp. 1-1-16


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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MICAH J. KELLOGG	12/31/15

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The above plan of correction is approved as of <u>1-1-16</u> (Date)	Plan of correction implementation status as of <u>1/2/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
 Resident # 2 had a medical evaluation completed, however the medical evaluation form does not indicate when the evaluation or the form was completed. Due to the fact the medical evaluation form was not dated it cannot be determined that the medical evaluation was completed timely.

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 #2 IS SCHEDULED FOR AN UPDATED DME ON
 JANUARY 18, 2016 @ 1:00pm.

CARE MANAGER IS HIGHLIGHTING ALL REQUIRED FIELDS TO BE FILLED
 OUT FOR EVERY NEW DME. ACCOMPANYING CAREGIVER IS INFORMED TO
 NOT LEAVE DR'S OFFICE UNLESS DME IS COMPLETE. CARE MANAGER
 WILL VERIFY COMPLETENESS

Adm. Designee will perform periodic reviews of
 resident records to ensure ongoing compliance.
 C. 1-11-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
MICHAEL J. KILGORE		12/31/15	

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

The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1/21/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <u>[Signature]</u>

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed for resident # 2 which was not dated when completed, does not include the resident's height, weight, temperature, immunization history, allergies, body positioning, or mobility needs assessment.

The medical evaluation completed on 12/26/14 for resident # 3 does not include the resident's pulse rate, blood pressure or temperature.

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 # 2 IS SCHEDULED FOR AN UPDATED DME ON 1/18/16 @ 1:00 PM

RESIDENT # 3 IS ON HOSPICE AND WE WILL HAVE THEIR PHYSICIAN OUT AT THEIR NEXT AVAILABILITY.

* DMEs are to be corrected/completed as soon as possible once the document is determined to be out of compliance. Q. 1-11-16

CARE MANAGER IS HIGHLIGHTING ALL REQUIRED FIELDS TO BE FILLED OUT FOR EVERY NEW DME. ACCOMPANYING CAREGIVER IS INFORMED TO NOT LEAVE DR'S OFFICE UNLESS DME IS COMPLETE. CARE MANAGER WILL VERIFY COMPLETENESS.

Adm will perform periodic reviews of resident records to ensure ongoing compliance.

CC - 1-11-16.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 12/31/15

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

The above plan of correction is approved as of 1-11-16
(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 1/11/16
(Date)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

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

The following staff persons have been administering medications and are not trained in medication administration: Staff Person "A" administered medications at 8:00 a.m. on 11/6/15, Staff Person "B" administered medications on 9/2/15 at 8:00 p.m., Staff Person "C" administered medications on 9/3/15 at 8:00 p.m. and Staff Person "D" administered medications on 8/5/15 at 8:00 p.m.

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

ALL STAFF PERSONS USED AS MED-TECHS HAVE BEEN PROPERLY TRAINED AND ARE NOW CERTIFIED.

ALL FUTURE MED-TECHS WILL GO THROUGH THE SAME CLASS. CARE MANAGER WILL VERIFY AND OBSERVE ALL NEW MED-TECHS BEFORE ANY ARE PUT ON THE CART. Med Trainers / Adm used also ensure that annual, quarterly and event based trainings take place as required in order to maintain ongoing compliance. ☺

1-11-16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MICHAEL J. KILGORE		12/31/15

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

The above plan of correction is approved as of <u>1-11-16</u> (Date) on-site verify.	Plan of correction implementation status as of <u>1-21-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

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

Department Representatives observed the door to resident room 112 open and unlocked. Department Representatives accompanied by staff of the facility entered the room and determined the room was not occupied by the resident. Observed on the kitchenette counter, unlocked and accessible, were the following medications: Docusate Sodium 100mg, Vislo Plex Dietary Supplement, CoQ10 30mg, Cranberry with Vitamin C 25 - 200mg, Dorzolamide HCL Ophthalmic Solution, and Dramamine.

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 SUPPLEMENTS HAVE BEEN MOVED AND PUT BEHIND A LOCKED CABINET IN THE RESIDENTS ROOM.

DURING THE HOUSEKEEPING ROOM THOROUGH, THE STAFF WILL LOOK FOR ANY MEDICINE OR SUPPLEMENTS IN THE OPEN. HOUSEKEEPING WILL LET BUSINESS MANAGER KNOW IF ANY SUPPLEMENTS ARE LEFT UNSECURED. BUSINESS MANAGER WILL FOLLOW UP WITH ALL RESIDENTS.

Adm or Designee will ensure that residents that self medicate are able to demonstrate their ability to safely store their own Rx (as per dr) to facilitate ongoing compliance. Adm will also oversee any necessary resident education or change in medication status, as warranted. @ 1-11-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

[Signature]
MICAH J. KILGORE

Date 12/31/15

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

The above plan of correction is approved as of 1-11-16
(Date)

Plan of correction implementation status as of 1/20/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 4's Gabapentin; take 1 capsule by mouth 3x daily and resident # 5's Spironolactone; 25 mg 1 tab by mouth once daily did not include a diagnosis or purpose.

The M.A.R. for resident # 4 was not initialed on 11/5/15 at 14:00 hrs. for Neurontin; take 1 capsule by mouth 3 days daily. It could not be determined if the resident received his/her medication as prescribed.

The M.A.R. for resident # 4 was not initialed on 11/2/15 at 08:00 a.m. or 20:00 hrs., on 11/4/15 at 08:00, 11/5/15 at 08:00, 20:00 hrs. and 11/6/15 at 08:00. It could not be determined if the resident received his/her medication.

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 MARS HAVE BEEN UPDATED WITH DIAGNOSIS OR PURPOSE AND PROPER DOCUMENTATION HAS BEEN KEPT ON RECORD. WEEKLY NURSE MEETING WILL BE HELD TO REVIEW AND ENSURE COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date	
MICHAEL J. KULLGORE			12/31/15	

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

<p>The above plan of correction is approved as of <u>1-11-16</u> (Date) MARS need be reviewed by Adm designee at a minimum of 1x monthly to ensure ongoing compliance. The above plan of correction was approved by <u>OP</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>1/21/16</u> (Date)</p> <p> <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>hp</i> </p>
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Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa. Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 1 utilizes a walker. The resident's most recent assessment and support plan finalized on 1/6/15 does not indicate the resident utilizes a walker to ambulate.

On 10/26/15 resident # 3 was prescribed a mechanical soft diet with level 2 meats pureed. It was also determined that the resident has a mobility need and requires a two person assist out of bed and into a wheelchair. The resident's assessment and support plan finalized on 1/9/15 does not indicate the resident's special diet or the resident's mobility needs.

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.

RASP HAS BEEN UPDATED FOR RESIDENT #1 AND #3.

CARE MANAGER WILL PERFORM ROUTINE CHECKS FOR UP-TO-DATE RECORDS.

Admin / Designee will ensure that all direct care staff have the means & a protocol to report changes to supervisors / Administrators regarding changes in resident care / services. This info will then be processed so that care assessments and plans of services are updated in the resident record and performed to assist resident have their needs met.

Repeat Violation: No Date(s) of Previous Violation(s): Q. 1-11-16

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12/31/15

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

The above plan of correction is approved as of 1-11-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/2/16 (Date)

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

Violation Report: 22551 - 11/06/2015 - Dumas, Gerald
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
 The resident records for resident # 2, resident # 3, and resident # 4 do not indicate if either resident has any identifying marks.

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.

OVER THE FIRST TWO WEEKS OF JANUARY ALL FACE SHEETS WILL BE UPDATED WITH NEW PHOTOS AND BE FILLED OUT IN ENTIRETY.

CARE MANAGER WILL FOLLOW TO ENSURE COMPLIANCE.

In the future, all new residents, and at least annually thereafter, records will be reviewed and updated as necessary, or on an event-based basis, to ensure ongoing compliance.
 Q. 1-11-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 12/31/15

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

The above plan of correction is approved as of 1-11-16
 (Date)

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

Plan of correction implementation status as of 1/9/16
 (Date)

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