



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2015

Ms. Aundrea Leonard, Owner/Partner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

This is to acknowledge receipt of your request to appeal the Department's decision to REVOKE the license for Liza's House. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,



Matthew J. Jones
Director

cc: Megan Wiest, Office of General Counsel



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

RECEIVED

DEC 10 2015

Human Services Licensing

December 9, 2015

Dear Jacob,

Please accept this request to appeal the decision on revoking the license that was received in the letter dated December 4, 2015 for the following:

Eite Care Group, LLP License # 214770

DBA:

Liza's Personal Care Home.

1357 Blue Mountain Drive

Danielsville, PA 18038

Sincerely,


Aundrea Leonard



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 04 2015

Ms. Aundrea Leonard, Owner/Partner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #: 214770

Dear Ms. Leonard:

As a result of the Department of Human Services' (Department) licensing inspection on May 19, 2015, May 27, 2015, September 16, 2015, September 28, 2015, October 5, 2015 and October 9, 2015 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

On May 27, 2015, the Department determined you presented falsified fire drill records in an attempt to comply with 55 Pa.Code §§ 2600.132(a), (e) and (i) (relating to fire drills). The Department interviewed Ms. Aundrea Leonard, Owner, who stated the Administrator, Ms. Erling Salvesen, conducts "table top drills", meaning no fire alarm activation, staff participation or resident evacuation occurs. The fire drill records documented the time of evacuation, number of residents evacuated, number of staff participating and activation of the fire alarm. The Department determined fire drills and evacuations were not conducted between October 2014 and April 2015. Your actions constitute fraud and deceit in attempting to obtain a license. As a result, the Department is **REVOKING** your license to operate the above facility. The decision to **REVOKE** your license is made pursuant to 62 P.S. § 1026(b)(2) and 55 Pa.Code § 20.71(a)(7) (relating to conditions for denial, non-renewal or revocation).

Additionally, as a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is **REVOKING** your license to operate the above facility. The decision to **REVOKE** your license 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).

In accordance with 55 Pa.Code § 2600.269(a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through 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, 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 Building
Harrisburg, Pennsylvania 17120

The 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.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

PCN Name: LIZA'S HOUSE		License Number: 21477						
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton						
Administrator: ERLING R. SALVESEN		Region: NORTHEAST						
Legal Entity Name: ELITE CARE GROUP LLP								
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 08534								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP</td> <td>C-3 SP</td> </tr> <tr> <td>10/18/1995</td> <td>10/19/1995</td> </tr> <tr> <td>LABOR AND INDUSTRY</td> <td>LABOR AND INDUSTRY</td> </tr> </table>			C-2 LP	C-3 SP	10/18/1995	10/19/1995	LABOR AND INDUSTRY	LABOR AND INDUSTRY
C-2 LP	C-3 SP							
10/18/1995	10/19/1995							
LABOR AND INDUSTRY	LABOR AND INDUSTRY							
Staffing Hours								
Resident Support: 0	Total Daily Staff: 16	Waiting Staff: 12						
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s)								
Complaint								
On-Site Inspection Dates and Department Representatives On-Site								
05/19/2015: Dumas, Gerald								
05/27/2015: Dumas, Gerald, O'Leary, Anne								
Off-Site Inspection Dates and Inspectors, if Applicable								
05/22/2015: Dumas, Gerald								
05/26/2015: Dumas, Gerald								
06/05/2015: Dumas, Gerald								
06/12/2015: Dumas, Gerald								
Other Details								
Partial or Full Triggers:		Random Indicators:						
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 20	Number of Residents who:							
Number of Residents Served: 12	Receive Supplemental Security Income: 0							
Secured Demographic Case Unit to Home: No	Are 60 Years of Age or Older: 12							
Area:	Have Mental Illness: 0							
Secured Demographic Unit Capacity, if Applicable:	Have an Intellectual Disability: 1							
Number of Residents Served in Secured Demographic Case Unit, if applicable:	Have a Mobility Need: 4							
Number of Current Waiver Residents: 4	Have a Physical Disability: 1							
Number of Waiver Residents in past year: 3								

Violation Report: 21477 - 05/19/2015 - Dumas, Gerald
 PC# Name: LIZA'S HOUSE

1. REGULATION 55 Pa. Code §2606

2606.65(a) - Prior to or during the first work day, all direct care staff persons including auxiliary 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]), did not receive training in any of the required topics (1) through (7).

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 regulation is important due to the staff need to be educated properly to perform their duties and maintain a safe environment for the ^{residents} and the staff.

All new staff on the first day of orientation will be educated as per regulations. A new form has been implemented to assure all new staff are trained as per regulations.


Please see attached form. Moving forward all staff records will be audited on monthly basis by Administrator or designee to assure compliance.

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger LCN Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger LCN Administrator* Date *8/20/15*

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

The above plan of correction is approved as of <u>9-22-15</u> (Date)	Plan of correction implementation status as of <u>9-22-15</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: 21477 - 05/19/2015 - Dumas, Gerald
 PCN Name: LIZA'S HOUSE

1. REGULATION 56 Pa.Code §2609
 2609.65(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. §§ 10225.101-10225.6102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A (Date of Hire: [redacted] 15), did not receive training in any of the required topics (1) through (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.

This regulation is important due to the staff need to be educated properly to perform their duties and maintain a safe environment for the ^{Residents} and the staff.

All new staff on the first day of orientation will be educated as per regulations. A new form has been implemented to assure all new staff are trained as per regulations.

Please see attached form. Moving forward all staff records will be audited on monthly basis by Administrator or designee to assure compliance.

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

Printed Name and Title of Legal Entity Representative:
 (Required on EVERY Page) *Alison Hoffelfinger, Gen Administrator* Date: *8/20/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9-22-15
 (Date)

Plan of correction implementation status as of 9-22-15
 (Date)

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

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

Violation Report: 21477 - 05/19/2016 - Dumas, Gerald
PCH Name: LIZA'S HOUSE

1. REGULATION 58 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 home was unable to produce a letter to the local fire department notifying the department of the following: The total capacity of the home, a description of the general layout of the home (number of wings). A diagram or blueprint of the home or a general description of the mobility needs of the residents served.

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 regulation is important due to the local fire department needs to know the location of the bedrooms, layout of the home and the mobility needs of the residents. In order to be safely evacuated if there were a fire. moving forward, the local fire department will be notified annually and on as needed basis. please see attached letter and diagram of the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison Heffelfinger Len Administrator

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

Alison Heffelfinger

Date

9/22/15

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

The above plan of correction is approved as of

9-25-15
(Date)

Plan of correction implementation status as of

9-25-15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21477 - 05/19/2015 - Dumas, Georgia

PCH Name: LZA'S HOUSE

1. REGULATION 55 Pa Code §2609

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Interviews with staff and residents conducted during the on-site inspection on 5/22/15 determined that fire drills have not been conducted in the home between October, 2014 and April, 2015. During the on-site inspection on 5/27/15, the home's owner C stated that Administrator B conducts "table top drills" which would not involve the participation of staff and residents in practicing an evacuation to the fire safe areas. The Fire Drill logs presented to the Dept. for review on 5/19/15 documented that Fire Drills were conducted on the following dates: 10/25/14, 11/24/14, 12/16/14, 1/23/15, 2/17/15, 3/25/15 and 4/22/15. The logs included information regarding time of evacuation, number of residents evacuated, number of staff participating and whether the alarm was activated. The Fire Drill logs were determined to have been falsified since no drills were conducted on the listed dates.

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 regulation is important to ensure that the safety of the residents is met. And to ensure assure that the residents understand and can be evacuated in a safe manner if an emergency occurs.

Fire drill were conducted 6/25/2015, 6/29/2015, 7/12/2015, 7/22/2015 and 8/21/2015.

Please see attached form, Moving forward. As the new administrator I implemented a

new form that will include the staff signatures who participated in the drill. Staff will continue to be educated as per regulations. Fire drills will be conducted on a monthly basis and as needed to ensure our residents can be evacuated safely. Administration will audit fire drill records on a monthly basis.

Repeat Violation: No	(Date) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alison Heffelfinger</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison Heffelfinger Len Administrator</i>			Date <i>8/20/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11-3-15</u> (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 21477 - 05/18/2015 - Dumas, Gerald
 PCN Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2618
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 Interviews conducted with staff and residents of the home determined that sleeping time fire drills were not conducted in the home within the last six months. The Fire Drill logs presented to the Dept. for review by Administrator A document that a drill was conducted on 4/22/15 at 11:17pm. The Fire Drill logs were determined to have been falsified since no drill was conducted on that date.

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 regulation is important to ensure that the safety of the resident is met. And to assure that the residents understand and can be evacuated in safety if an emergency occurs.

Sleeping drills were conducted 6/25/15 and 8/21/15. Please see attached documentation.

Administration will conduct sleeping drills as per regulations. A new form has been implemented that requires staff signatures who participated in the drill. Administration will audit records on a monthly basis to ensure that fire drills conducted as per regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Hefler Finger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Alison Hefler Finger LPA Administrator Date 8/26/15

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The above plan of correction is approved as of 11-3-15
 (Date)

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

Plan of correction implementation status as of _____ (Date)

Fully implemented
 Partially implemented - Adequate Progress
 Partially implemented - Inadequate Progress
 Not implemented

Violation Report: 21477 - 12/19/2015 - Duran, Gerald
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa. Code §2808
 2808.132(i) - A fire alarm or smoke detector shall be set off during each fire drill

2a. DESCRIPTION OF VIOLATION

The Fire Drill logs presented to the Dept. for review on 5/18/15 reflect that the alarm system was activated and operation for fire drills conducted on the following dates: 10/25/14, 11/24/14, 12/16/14, 1/23/15, 2/17/15, 3/25/15 and 4/22/15. In interviews with staff and residents, it was indicated that alarms were not heard by any party since the fire department was on-site on 9/29/14 for a supervised drill. The alarm company verified that the home's fire alarm system has not been taken off line to conduct a fire drill since 9/29/14. Administrator B and Owner C acknowledged not contacting the 24 hour monitoring alarm company to have the home taken off line during fire drills. The Fire Drill logs were determined to have been falsified since no drills were conducted on the above listed dates.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you want 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 regulation is important because the residents need to be familiar with the sound of the fire alarm. Also, the staff needs to be familiar to be able to participate and assist in the evacuation process safely.

Fire drills conducted on 7/12/15, 7/22/15 and 8/22/15 the alarm company was notified that we were going to conduct a fire drill. The fire alarm pull station was activated.

Please see attached form. Moving forward all fire drills will be conducted as per regulations. Administrator will audit records on a monthly basis.

Repeat Violations: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) Alison Neffelfinger


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Alison Neffelfinger Lpn Administrator

Date 8/2/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

This above plan of correction is approved as of 9-2-15
 (Date)

Plan of correction implementation status as of _____
 (Date)

The above plan of correction was approved by 
 (Initials)

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

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

PCH Name: LIZA S HOUSE		License Number: 21477
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton
Administrator: Alison Heffelfinger		Region: NORTHEAST
Legal Entity Name: ELITE CARE GROUP LLP		
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 8534		
Certificate(s) of Occupancy C-2 LP 03/24/1999 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 18 Working Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/16/2015: Hummel, Jesse; Yellenic, Cindy 09/28/2015: Hummel, Jesse; Yellenic, Cindy 10/05/2015: Hummel, Jesse; Valence, Duane 10/09/2015: Hummel, Jesse; Yellenic, Cindy		
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: 20	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 12	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 5		

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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

Upon arrival at the facility, while walking back to the Administrator's office, the Medication Administration Record (MAR) for the residents, was on the side of the copier next to the medication cart. There were no staff members in sight of the MAR and it was 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.

Preparation and submission of this Plan of correction does not constitute an admission or agreement by the personal care home of the truth of the facts or of the correctness of the conclusions set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §20 et seq. and §2600.263.

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important because only authorized staff should have access to the residents records. Moving forward all staff was reeducated concerning the importance of confidentiality of resident records. All nurses and medication techs were instructed to lock the MAR in the medication cart every time they leave the cart. We are also looking into an Emar system. Administrator and or designee will monitor ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/23/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Allison Heffel Finger, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Allison Heffel Finger* Date *10/27/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The facility has a boiler. The boiler was inspected by the Pennsylvania Department of Labor and Industry, however the certificate of inspection and approval issued by the Pennsylvania Department of Labor and Industry expired on 9/14/14.

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.
PREPARED and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §20 et seq. and 5200.263.

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the boiler needs to be in good repair and working order.

Several attempts were made to contact the PA Department Of Labor. Certified letter was sent on 08/19/2015 and was received and signed for on 08/21/2015. Please see attached receipt. A certificate was issued to the home in 2015, however, the certificate was misplaced by previous administrations. We respectfully disagree with this violation due to the fact that administration made numerous attempts to contact the PA Department Of Labor and Industry for a replacement certificate and all attempts were ignored. We should not be held responsible for another agency noncompliance. We ask that this violation be rescinded. Administrator will continue to contact the Department of Labor for a duplicate certificate.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2014
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Alison Heffelfinger, Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Alison Heffelfinger</i>	Date <i>10/27/15</i>

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

The above plan of correction is approved as of	<u>11/2/15</u> (Date)	Plan of correction implementation status as of	_____ (Date)
		<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>O.S.</u> (Initials)		

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident # 1, date of admission 8-3-15, did not sign the resident home contract. There was no indication the resident refused to sign or was unable to sign the resident home contract.

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.

Preparation and submission of this Plan of correction does not constitute an admission or agreement by the personal care home of the truth of the facts or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §70 et seq. and §2600.263.

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the resident needs to be aware what is in their contract. Resident #1 had a diagnosis of Dementia and her POA was authorized to sign all legal documents. Moving forward even if a resident is deemed incapable. All residents will be presented with the contract to sign. If the resident refuses to sign it will be documented on the contract. Administrator or designee will audit all new contracts for compliance.

The Administrator shall be responsible to ensure that resident #1 signs their contract. If the resident refuses or is unable to sign, a notation to that effect will be made on the contract. If the resident signs, the date of the signature will be included.
Bob B. 11/2/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Alison Hefelfinger LPA Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ALISON HEFFELFINGER* Date *10/27/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There is no statement of informed consent from the Resident's Power of Attorney for Health Care or the resident's legal guardian for Resident # 2 regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 8-21-15.

There is no statement of informed consent from the Resident's Power of Attorney for Health Care or the resident's legal guardian for Resident # 3 regarding the resident not evacuating during fire drills.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

Resident # 2 and 3 had a Physician order stating that they were exempt from participating in fire drills due to their poor condition. Both residents if transferred out of bed during a drill would have suffered great stress and pain. Moving forward all hospice residents who receive a Physicians order to be exempt a letter will also be requested from the family. If both are not in place and the hospice resident will be evacuated during all drills. Even if they are actively dying. Or if actively dying the drill will be scheduled if possible for another day and time. It is our goal to keep our resident safe.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Deffenbacher, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Deffenbacher* Date: *10/20/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

According to Staff Person C who conducted the fire drill on 8-21-15, and Staff Person I responsible for evacuating Resident #2, the staff person aware of the fire drill did not go to the resident room or notify the resident or any staff that attempted to evacuate the resident that this was a fire drill and the resident did not need to be evacuated.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

Staff is never told ahead of time that there is going to be a drill. When the fire alarm was pulled staff was told it was only a drill. Staff person C misunderstood what the inspector was asking. She thought they meant if they were informed ahead of time of the drill. All staff were educated if a resident is exempt from a fire drill they are to go into the room and tell the resident it is only a drill and to simulate a transfer out of bed to a chair. Please see attached employee education form. All future fire drills will be conducted in this matter. Administrator or designee will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alison Heffelfinger LPA Administrator

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

Alison Heffelfinger

Date
10/20/15

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

The above plan of correction is approved as of

11/2/15
 (Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

S.S.
 (Initials)

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600

2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 8-21-15, Staff person I who was responsible for evacuating Resident #2, did not access and use a mode of transportation that would be safe for the movement of the resident in the event an evacuation was 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.

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

Staff is never told ahead of time that there is going to be a drill. When the fire alarm was pulled staff was told it was only a drill. Staff person C misunderstood what the inspector was asking. All staff were educated if a resident is exempt from a fire drill they are to go into the room and tell the resident it is only a drill and to simulate a transfer out of bed to a chair. Please see attached employee education form. All future fire drills will be conducted in this matter. Administrator or designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Hafferfinger Len Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Hafferfinger* Date *10/20/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>B.B.</u> (Initials)	

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION
 During the fire drill on 8-21-15, Staff Person I did not reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest exit or fire safe area.

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

Staff is never told ahead of time that there is going to be a drill. When the fire alarm was pulled staff was told it was only a drill. Staff person C misunderstood what the inspector was asking. All staff were educated if a resident is exempt from a fire drill they are to go into the room and tell the resident it is only a drill and to simulate a transfer out of bed to a chair. Please see attached employee education form. All future fire drills will be conducted in this matter. Administrator or designee will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alison Heffelfinger LPN Administrator

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

Alison Heffelfinger

Date

10/27/15

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

The above plan of correction is approved as of 11/3/15
 (Date)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

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

- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse

PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600

2600.29a(b)(6) - If the provisions of § 2600.29a(b)(4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

2a. DESCRIPTION OF VIOLATION

The current staff of the home are not trained in the evacuation procedures for residents on hospice who meet the requirements for not evacuating during a fire drill.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

All staff was educated on fire drills and evacuation. As evidenced by annual training and all new hires are educated on the first day of hire on fire drills and the evacuation process. Inspectors did observe the signed forms during the inspection. Staff was re educated on fire drills and evacuation procedure. Please see attached form. Administrator will monitor for compliance.

The Administrator shall be responsible to conduct fire safety training with all staff persons regarding the specific evacuation procedures which shall be used in an actual emergency for any resident who is on hospice and is actively dying. The training shall be specific to the resident(s) with regard to assistance needed and means of evacuation. Bob B. 11/2/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison Haffelfinger

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

Alison Haffelfinger

Date 10/20/15

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

The above plan of correction is approved as of

11/2/15
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

B.B.
(Initials)

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2604

2600.29a(b)(7) - The home is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified in § 2600.29a(b)(5) and § 2600.132(a)-(j). A resident who meets the conditions of § 2600.29a(b)(1)-(3) is a resident with mobility needs in accordance with § 2600.4 (relating to definitions).

2a. DESCRIPTION OF VIOLATION

The facility regularly schedules only two people to work at the facility. The facility currently has 12 residents, 2 of which are receiving hospice services, actively dying and are not participating in fire drills. The home is not maintaining sufficient staffing in order to evacuate the residents of the home safely, including a staff person(s) to stay with the 2 residents receiving hospice care who meet the requirements to not evacuate during a fire drill.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the need for all residents to be safely evacuated in an emergency.

Our census is 7 as of this date. We have lost 5 of our hospice resident in the past 6 weeks. Moving forward all our hospice residents will be moved up front near the nurses station to assure that the hospice residents who are exempt from participating in fire drill are safely monitor. Administrator and or designee will monitor for compliance.

The Administrator shall be responsible to ensure adequate staffing levels at all times in order to safely evacuate all residents in the event of a fire or other emergency in compliance with this regulation and Ch. 2602.60a.

Bob B.
 HHS

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
Alison Heffel Pinger			10/20/15

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

The above plan of correction is approved as of	<u>11/21/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by	<u>B.B.</u> (Initials)	

Violation Report: 21477 - 09/16/2016 - Hummel, Jesse

PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION

Resident # 2's assessment and support plan do not address the resident's exclusion from evacuation during fire drills or the steps to be implemented and or practiced during a fire drill or emergency evacuation.

Resident # 3's assessment and support plan do not address the resident's exclusion from evacuation during fire drills or the steps to be implemented and or practiced during a fire drill or emergency evacuation.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the staff needs to be aware of the residents needs.

Resident #2 and 3 support plan was updated please see attached. Moving forward support plans will be updated with any changes in condition or if exempt from a fire drill. Administrator and or designee will monitor for compliance.

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

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

Date *10/27/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>B.S.</u> (Initials)	

Violation Report 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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

2a. DESCRIPTION OF VIOLATION

On 9-16-15, at 2:00pm, Resident room 12 had a very strong odor of urine emanating from the room and filling the hallway outside room [redacted]

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due it is important to keep the home free of odor.

Resident in room [redacted] was ill and just had an episode of loose stool. This resident was being treated by [redacted] physician for a UTI. Due to the UTI [redacted] urine had a strong smell which [redacted] could not help and was embarrassed by it. We respectfully disagree with this violation. Due to the resident was ill was being treated for a UTI. [redacted] was being treated by [redacted] doctor. This resident was placed on hospice and passed away. We are asking that this violation be rescinded. Due to the fact the home assured [redacted] was treated by a physician and the resident just had an episode of diarrhea there for the odor could not be avoided. Moving forward any resident who is ill the staff will be assigned to clean their bathroom once a shift to avoid odor. Administrator and or designee will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Alison Hoeffelinger (an Administrator)*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Hoeffelinger* Date *10/20/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented.
	<input type="checkbox"/> Partially Implemented - Adequate Progress
The above plan of correction was approved by <u>G.S.</u> (Initials)	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The fire alarm pull station, by the front door, is temporarily out of order.

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due it is important that all pull stations are in good working order.

The pull station by the front door was in need of repair. Royal security said that they could not fix the pull station until 10/5/2015. Many requests were made for them to come in and repair the pull station. They were aware of the DHS regulations. They would not move up the repair date. The Pull station was repaired on 10/5/2015 please see attached receipt. We feel this violation should be rescinded due to the outside vendor refused to fix the pull station on a timely manner. The home should not be held responsible for an outside vendors noncompliance. Moving forward administration will make every attempt to assure that vendors remain compliant with DHS regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger Len Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger* Date *10/20/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>G.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 06/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The external ductwork for the dryer, that is located underneath the deck by the outside kitchen door, was covered in lint. There was a wrought iron grid in front of the basement window where the end of the ductwork was located, and it was almost completely covered in lint.

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to all dryer lint needs to be cleaned in order to prevent a fire.

The dryer lint was cleaned the day of inspection. Moving forward maintenance will check the duct work weekly for lint build up and clean as needed.

New ductwork was installed the day after the inspection.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alison Hefelfinger in Administrator</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison Hefelfinger</i>		Date <i>10/20/15</i>

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented
	<input type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 facility has not submitted their Emergency Procedures to the local Emergency Management Agency.

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 regulation is important due to the local emergency management agency needs an updated copy of the Home Emergency procedures. In order for the residents to be evacuated safely.

A copy of the updated emergency procedure was sent to the local emergency management agency. Please see updated plan and letter. Moving forward the emergency procedures plan will be updated annually and a copy will be sent to the local emergency management agency. Administrator will monitor for compliance.

Please note that we are submitting this Plan of Correction for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffel Finger Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffel Finger* Date *10/27/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2800.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 9-16-15, at 3:30pm, located at the bottom of the exit ramp near room 12, was a watering hose laying across the ground, obstructing the exit path from the ramp.

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

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due to the residents need a clear path to evaluate in an emergency.

The watering hose is used by the residents to water their plants on the patio. The hose was not on the sidewalk it was on the grass in between the sidewalk. The pathway was not obstructed. The hose was removed from the area. In the future the residents will use one of the hoses that expand when the water is turned on and contracts when the water is turned off. Administration and or designee will monitor for compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alison Heffelfinger LA Administrator</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alison Heffelfinger</i>			Date <i>09/27/15</i>

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 08/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 # 3's last medical evaluation was completed on 7-6-15. The resident's previous medical evaluation was completed on 6-3-14. A resident is required to be medically evaluated annually.

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

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This Regulation is important to assure that the residents medical evaluation is completed on an annual basis.
 Resident # 3 medical evaluation was overdue due to the previous administrations did not have the medical evaluation completed on time. In the beginning of July it was noticed that the DME was not completed on a timely matter. The Hospice RNNP assessed Resident # 3 and the DME was completed on 07/06/2015. Moving forward all residents charts will be audited monthly by the administrator to assure all medical evaluations are completed on a timely manner.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Alison Heffelfinger Lm Administrator			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Alison Heffelfinger			10/29/15

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

The above plan of correction is approved as of	11/2/15 (Date)	Plan of correction implementation status as of	(Date)
The above plan of correction was approved by	B.B.	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress	

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 56 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

During the License Renewal Inspection on 9/16/15, Department Representatives reviewed the Initial Medication Training forms for staff persons A and B. The training form for staff person A documented that she only scored an 89 on the examination, which is not a passing score. The training form for staff person B was incomplete and indicated that they did not complete any portion of the examination. A review of the home's Medication Administration Record determined that staff persons A and B administer medications to residents of the home. When informed that staff persons A and B were not qualified to administer medications, Administrator C stated that staff person A and B did complete the training. Prior to the exit conference Administrator C provided additional documents to Department Representatives to indicate that staff person A and B completed the on-line medication training. The documents provided listed each staff person's name on the first sheet, however the staff person's names were not listed on the second page, which indicated passing scores. Subsequent to the on-site inspection, Department Representatives reviewed the additional medication administration documentation provided to the Department by Administrator C. Department Representatives also conducted a review of the Medication Administration training program's on-line database, which includes a User Report for each staff person enrolled in training program. The user report for staff person A indicates the staff person did not pass the multiple choice examination and also did not complete the Written Documentation portion of the training. The user report for staff person B indicates the staff person did not complete the online multiple choice examination or the Written Documentation portion of the training. These user reports contradict the documents provided by Administrator C.

A subsequent review of the Medication Administration training program on-line database for staff persons D, E and F determined that they also did not complete Medication Administration training. These staff persons also regularly administer medication to residents of the home.

On 9/28/15 Department Representatives returned to the facility to interview staff and to conduct a follow-up review of medication administration training. Department Representatives interviewed staff person G, who indicated that they not had any medication training from Administrator C. Department Representatives reviewed the Medication Administration Annual Practicum for staff person G, which was provided by Administrator C. The Annual Practicum indicates staff person G completed the Annual Practicum on 9/18/15. The annual practicum form indicates that Administrator C completed Medication Administration Record (MAR) reviews in July 2015 and September 2015 and also Medication Administration Observations on 7/20/15 and 9/18/15. A subsequent interview with staff person G on 10/9/15 determined that these reviews and observations did not occur.

While on-site, Department Representatives also determined that staff persons were continuing to administer medication even though they had not been retrained. During the exit conference on 9/28/15, Administrator C and Owner H were notified by Department Representatives that staff persons needed to be retrained in Medication Administration prior to passing any more medications to residents.

On 10/5/15 Department Representatives returned to the facility to conduct staff interviews and a follow-up review of medication administration training. Department Representatives reviewed the Medication Administration Training for staff person D. The training document indicates that staff person D completed the Medication Administration Training on 7/22/15 and that they had 2 separate Medication Administration Observations completed by Administrator C on 7/22/15. It was determined by reviewing the payroll time card for staff person D as well as a subsequent interview with staff person D on 10/9/15, that the staff person did not work on 7/22/15 and did not have these required observations completed.

While on-site Department Representatives also determined that only staff person A was retrained in Medication Administration and that the remaining staff persons continue to administer medications without receiving proper training. At the exit conference on 10/5/15, Administrator C was once again notified that all staff persons are required to be retrained in Medication Administration. Administrator C wrote a voluntary statement indicating that "Only licensed staff will administer medications until staff is trained."

On 10/9/15 Department Representatives arrived at the facility to conclude the inspection. During the inspection, Department Representatives observed staff person D administer medications to residents. It was determined that staff person D had not been retrained in Medication Administration. The Department notified Administrator C as well as Owner H several times that the staff persons require Medication Administration Training prior to administering any further medications. The facility failed to complete the training and allowed staff persons to continue to administer medications without having proper training to do so.

Violation Report: 21477 - 08/10/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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.

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

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

Please See Attached form A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alison Hoeffelinger, Unit Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Hoeffelinger* Date *10/20/15*

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

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

Plan of correction implementation status as of _____ (Date)

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

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

(A)

Please note that we are submitting this plan of corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

This regulation is important due all Medication techs need to be trained Properly.

The online Medication course is not user friendly and many staff have complained that they are locked out or they have a passing grade and when they attempt to take the next course the grade shows that they did not pass. Staff person A and B both took the course online and took the two day course and passed the course. Unable to locate the paper test on the day of inspection. Employee D did have the two day course. However, the test was not in her file on the day of the inspection. The paper test was faxed to the DNS the day after the inspection. Staff person B also completed the paper test. Staff person G was observed on a medication pass and had a mar review. Staff person G was not aware that when staff person C sat with her and helped her transcribe an order that was a MAR review. Staff person C was observed administering medications, however, she was not told she was being observed. When interviewing staff person C she was not aware that she was observed. When the inspectors were in there was a misunderstanding concerning who can administer medications. At the time they said only Employee A, B, C and E could not administer medications. When they returned on 10/9/2015 we were informed that all staff had to be restrained. Inspector said they would get back to us concerning employee I if she could administer medications. The Inspectors never got back to the home concerning employee I. All staff were retrained by RN and all observations were completed. Please see attached forms. Employee I has resigned from her position. As per dates on employee D observation, the wrong date was written on the form. On 10/5/2015 Inspector JH asked if a statement would be written by employee C. Inspector JH told Staff C what to write and then read the form to see if it was acceptable. When the form was signed there was an understanding that employee D, G and I could administer medication. The inspector was not clear on which staff could administer medications. To avoid any confusion of possible errors in dates or if a staff was observed. All Staff trained will initial next to the trainer signature to avoid any confusion. All new staff will go through the 2 day medication course with the RN trainer. The home has brought on nurses to administer medications.

Alison Neffeldinger CMA
10/29/15
27

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 has a prescription for Humalog R Insulin. The resident's medication was opened on 8/11/15; it has a 30 day shelf life, and was still available for use on 9/16/15.

The first aid kit near the reception desk by the dining room had the following expired medications in it available for use: Neosporin 0.5oz. expired 3/2015 and 6 packets of burn cream expired 3/2015.

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.

Please note that we are submitting this plan for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with OHS regulations.

A new first aid kit was purchased. Please see receipt. Insulin was discarded on the day of inspection. New insulin was ordered. A new medication cart audit form was put into place, please see attached form.

Administrator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Neffelinger, LPA Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Neffelinger* Date *10/29/15*

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

The above plan of correction is approved as of 11/2/15
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 facility did not develop a staff key, including the names and initials of the staff that administer medications for the months of July, August and September.

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.

A New Staff Key was printed. This was completed or corrected on the day of inspection. A New Staff Key will be placed in the MAR monthly. Administrator will monitor for compliance.

Please note that we are submitting this Plan of Correction for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS Regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Neffelfinger LPA Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Neffelfinger* Date *10/29/15*

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

The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse

PCH Name: LIZA S HOUSE

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

On 9/8/15 at 9:00am resident #4 refused the following prescription medications: Zoloft 25mg, Tab-a-vite, Metoprolol Tartrate 50mg, Triamcinolone, Amlodipine 5mg, and Flaxix 75mg. On 9/13/15 at 9:00am resident #4 refused the following prescription medications: Zoloft 25mg, Tab-a-vite, Metoprolol Tartrate 50mg, Triamcinolone, Amlodipine 5mg, Flaxix 75mg, Synthroid 137mcg, and Furosemide 20mg. The facility did not notify the prescribing physician of these medication 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.

This regulation is important due to the Doctor Needs to be aware if a resident refuses medications. All staff (medication techs/nurses) were re-educated that each time a resident refuses medication they must contact their Doctor and Document the notification.

Administrator and or designee will monitor for compliance

Please note that we are submitting this plan of correction for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alison Hofferfinger* Date *10/27/15*

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The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>A.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2018 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

The activity calendar had two activities listed for everyday of the month. However, the afternoon activity of word trivia was not held during the time it was listed on the calendar.

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 regulation is important due to the residents' need to participate in activities.

Administration interviewed the staff who were working that day. The residents refused word trivia. The residents were offered a board game they refused to participate. This violation should be restated due to the activity was offered and the residents refused as per their rights.

Please note that we are submitting this Plan of Correction for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alison Hettelfinger, LHA Administrator

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

Alison Hettelfinger

Date *10/27/18*

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The above plan of correction is approved as of

11/2/18
 (Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

B.S.
 (Initials)

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 90 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The current assessment completed on 7/8/15, for Resident #2 indicates the degree of needs has been changed to total physical assistance; however the support plan does not indicate how the residents' needs will be met. The resident has been on hospice since 6/19/15 however the support plan also does not indicate the resident is receiving Hospice Services.

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 regulation is important due to the Support Plan and annual assessment needs to be done in a timely manner.
 The support plan was corrected on the day of inspection. Please see corrected Support Plan moving forward all support plans will be updated with any changes in condition or if Hospice services are needed.

Administrator will monitor for compliance
 Please note that we are submitting this Plan of Corrections for compliance purpose and in no way an admission of guilt. It is always our goal to be compliant with DHS Regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger* LPN Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Heffelfinger* Date *10/27/15*

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The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 08/18/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 # 2's Resident Assessment and Support Plan (RASP) has not been updated with the resident's current health care needs including that the resident requires full physical assistance to ambulate and or evacuate.
 Resident # 3's RASP has not been updated to acknowledge the resident is on hospice, has had blood glucose testing discontinued and requires full physical assistance to ambulate 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.

This regulation is important due to the RASP Needs to be updated as the residents status changes
 The RASP was updated on the day of inspection, Resident # 3, when the New RASP was completed it was not saved on the computer. Therefore the old assessment was not changed. moving forward all RASPs will be updated as the resident status changes. Administration will monitor for compliance
 Please note that we are submitting this Plan of Correction for compliance purposes & in no way an admission of guilt it is always our goal to be compliant with DHS regulations

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Hefferlinger LPN Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Hefferlinger* Date *10/20/15*

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The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident # 5 was discharged on [redacted]-15. The resident's record does not reflect when the resident was discharged, the reason for the discharge, and the destination of the resident.

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 violation was corrected on the day of inspection. The resident moved to another community. moving forward all residents discharged will have a reason and where the resident moved to or if they passed away. Administrator will assure a form is placed in the chart. Administrator will monitor for compliance.

Please note we are submitting this Plan of Correction for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alison Hoffinger, LPA Administrator

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

Alison Hoffinger

Date 10/29/15

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The above plan of correction is approved as of

11/2/15
 (Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

B.B.
 (Initials)

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

Violation Report: 21477 - 09/16/2015 - Hummel, Jesse
 PCH Name: LIZA S HOUSE

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 following residents have not had their picture updated in over two years:
 Resident # 2 dated 1/2013
 Resident # 3 dated 8/4/13

The following resident records did not list whether the residents had any identifying marks or not:
 Resident # 1
 Resident # 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.

All the residents pictures were updated.
 all pictures have any indentifying marks.
 Please see updated photos for resident # 2, 3, 1, 4
 all residents photos will be updated annually.
 Administrator will monitor for compliance

Please note we are submitting this Plan of Corrections for compliance purposes and in no way an admission of guilt. It is always our goal to be compliant with DHS regulations.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alison Neff* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alison Neff* Administrator Date *10/20/15*

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

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