



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

Ms. Laura B. Segers, Owner/Administrator
Mr. Joel W. Segers, Owner/Administrator
Laura B. Segers and Joel W. Segers
1502 East Washington Street
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home
License #: 402110

Dear Mr. and Ms. Segers:

As a result of the Department of Human Services' annual licensing inspection on January 13, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: LA CASA PERSONAL CARE HOME		License Number: 40211
Address: 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Laura Segers		Region: WEST
Legal Entity Name: LAURA B SEGERS		
Legal Entity Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/20/1996 Labor and Industry		JUN 06 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/13/2016: Garrigan, Laurie; Williams, Jason		
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: 13 Number of Residents Served: 12 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 5 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/5/16 at approximately 5:10 p.m., resident #1 stood up from his/her dining room chair, said "You should not say that to me", pushed over the table, grabbed resident #2 by the shirt, and punched resident #2 in the face and head approximately 5 times. 911 was called. Resident #2 and #1 were both taken separately to Jameson North Hospital. Resident #2 was transferred to Allegheny General Hospital with a diagnosis of acute intracranial hemorrhage, required stitches to the forehead, sustained a broken nose, and was bruised. Resident #1's medical evaluation, dated 3/23/15, lists a diagnoses of schizophrenia and bipolar-affective disorder and he/she was also admitted to the hospital for psychiatric treatment. The home did not report this incident to the local Area Agency on Aging.

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

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

The Home has since filled out the required forms for Area Agency on Aging and submitted them to AAA and faxed copies to DHS, as requested. In 11 years of owning La Casa, this is the first and only incident of abuse. We have reviewed the law regarding reporting and will abide exactly by this in the event any abuse occurs in the Home in the future. We will also review the required procedures at every Quality Assurance Meeting, which is held twice yearly at La Casa.

The oral report to AAA was 2/5/16. JW. 7/1/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers, Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL SEGERS Date 5/31/16

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

The above plan of correction is approved as of 7/1/16 (Date) Plan of correction implementation status as of 7/1/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress JW.
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by JW. (Initials)

JUN 05 2016

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 1/5/16 at approximately 5:10 p.m., resident #1 stood up from his/her dining room chair, said "You should not say that to me", pushed over the table, grabbed resident #2 by the shirt, and punched resident #2 in the face and head approximately 5 times. 911 was called. Resident #2 and #1 were both taken separately to Jameson North Hospital. Resident #2 was transferred to Allegheny General Hospital with a diagnosis of acute intracranial hemorrhage, required stitches to the forehead, sustained a broken nose, and was bruised. Resident #1's medical evaluation, dated 3/23/15, lists a diagnoses of schizophrenia and bipolar-affective disorder and he/she was also admitted to the hospital for psychiatric treatment. The home did not report this incident to the resident's designated person.

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

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

The incident that occurred was very upsetting to our other residents. As soon as the two [redacted] involved were sent to the hospital, we immediately began calming down the remaining residents. Therefore, a little later that same evening, when we had time to contact the designated persons, we found that they had already been contacted by the hospital. So, though we were not able to immediately talk to them, we did talk to them at length the same evening the incident occurred, and again each day afterwards for several days, until all questions and concerns were addressed. Several of our residents have Anxiety Disorder, and it was vital that we assist them first after such a traumatic event. In the future, if another such incident occurs, we will do our very best to contact the designated persons even more quickly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOEL W. SEGERS* Date *5/31/16*
LAURA B SEGERS

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Plan of correction implementation status as of 7/1/16 (Date)

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

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

JUN 08 2016

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/5/16 at approximately 5:10 p.m., resident #1 stood up from his/her dining room chair, said "You should not say that to me", pushed over the table, grabbed resident #2 by the shirt, and punched resident #2 in the face and head approximately 5 times. 911 was called. Resident #2 and #1 were both taken separately to Jameson North Hospital. Resident #2 was transferred to Allegheny General Hospital with a diagnosis of acute intracranial hemorrhage, required stitches to the forehead, sustained a broken nose, and was bruised. Resident #1's medical evaluation, dated 3/23/15, lists a diagnoses of schizophrenia and bipolar-affective disorder and he/she was also admitted to the hospital for psychiatric treatment.

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

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

Resident #1 was sent immediately to the Behavioral Health Unit. We talked to the Social Worker there the next morning and explained that we would not accept [redacted] back into our Home. We also contacted the local Human Services Center and discussed the incident with them. The psychiatrist had been reducing Resident #1's psych meds for two months before the incident, which is likely what caused the incident ([redacted] was hearing a voice which apparently told [redacted] to hurt the other resident). We now call immediately to Human Services Center whenever any of the staff see even a small change in one of our residents' symptoms. Any time a resident has a psych med changed, the Administrators explain immediately to all staff that the resident must be observed closely every day and any concerns at all are to be reported.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOEL W. SEGERS*
LAURA B SEGERS Date *5/31/16*

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The above plan of correction is approved as of <u>7/1/16</u> (Date)	Plan of correction implementation status as of <u>7/1/16</u> (Date)
The above plan of correction was approved by <u>J.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 08 2016

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff persons A and B, the home's administrators, each completed only 7 hours of annual training in the 2015 training year.

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

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

Staff person A (one of the owners/administrators) was diagnosed with [redacted] during 2015, resulting in months of [redacted]. Staff person B [redacted] was needed to run the home (which he did very well) and to transport A to weekly [redacted], as well as tests. This is why the annual training was not completed. Staff person A had a [redacted] in March 2016 and is to have [redacted] in June 2016. We have searched for training on-line and in the area and have found several excellent trainings that we will complete before the end of 2016, to make up for what we were unable to do in 2015, as well as the hours required for 2016. By 12/31/16 - Staff person A + staff person B will each complete 17 hours of Department-approved annual training in addition to the 24 hours required for 2016. gw, 7/1/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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Plan of correction implementation status as of 7/1/16 (Date)

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

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

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

JUN 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

At 10:14 a.m., the temperature in resident #3's bedroom measured 50.0 degrees Fahrenheit, and at 3:03 p.m. the temperature measured 52.1 degrees Fahrenheit.

At 2:54 p.m., the temperature in resident #4's bedroom measured 64.0 degrees Fahrenheit.

At 3:03 p.m., the temperature in the lower level walkway/common area measured 48.5 degrees Fahrenheit.

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

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

The Administrators discovered that the furnace vents in both of these bedrooms had been closed by the residents. We re-opened the vents and talked with the residents about keeping them open. We also closed their windows more tightly. In addition, Resident #3's bedroom is very near the door to the outside. That door was repaired the evening of the inspection to seal up a gap along the bottom and a mail slot that was letting in outside air. Once that door was sealed better, the temperature in the walkway/common area rose up to the acceptable 70°. The residents who often use that door were reminded to enter and exit quickly to reduce the amount of cold air coming in. The Administrators monitor the temp daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura B Segers Joel Segers

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

LAURA B SEGERS, JOEL W SEGERS

Date

5/31/16

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7/1/16
(Date)

Plan of correction implementation status as of

7/1/16
(Date)

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

The above plan of correction was approved by

AW
(Initials)

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

JUN 06 2016

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is a gap measuring approximately 2 inches along the entire bottom edge of the basement exit door, and the mail slot on the door is missing a cover. This exposes the lower level, which contains two resident bedrooms, to a cold air draft.

The door is missing from the cabinet above the left side of the kitchen sink.

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

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

The Administrator (Staff Person B) repaired the door on the evening of the inspection by adding a piece of wood to cover the gap. He also covered the mail slot opening. Within 3 days he had the door painted with 2 coats. The kitchen cabinet door's hinge had broken just 2 days before the inspection. The day following the inspection a new hinge was purchased and the cabinet door was re-hung. Administrators walk through the home at least once weekly specifically to look for any areas or furniture that need to be repaired, cleaned or replaced, then those areas of concern are given top priority.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura B Segers Joel Segers

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

LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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7/1/16
(Date)

Plan of correction implementation status as of

7/1/16
(Date)

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

The above plan of correction was approved by

pk
(Initials)

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

At 10:20 a.m., there was approximately a 1/2 inch layer of snow on the emergency exit steps outside the main staircase landing.

At 10:30 a.m., there was approximately a 1/2 inch layer of snow on the emergency exit steps outside resident #4's bedroom.

There was a layer of ice and snow on the left side walkway outside the dining room the entire day.

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

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

The Administrator cleared all the snow and ice from all the areas as soon as he was done meeting with the Inspectors. On normal days, without an Inspection, Administrator B makes it his sole priority to keep all exits and walkways clear of all ice and snow by salting and shoveling the areas, sometimes several times daily, so that there is not a slipping hazard. In the future, if he is required to be busy elsewhere during a snowy day, we will have the other Staff shovel the snow. Immediately - a designated staff person will check the home daily to ensure that all outside walkways, ramps, steps, recreational areas and fire escapes are clear of ice, snow & obstructions. JW. 7/1/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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

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

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

There is an opening which measures approximately 24 inches by 18 inches in the wall of resident #3's bedroom exposing a water meter.

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

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

The Administrator (B) had removed this cover the day before the inspection so he could temporarily shut off the water and repair a bathroom faucet. He replaced the cover the evening of the Inspection. In the future he will be sure to replace the cover as soon as possible after completing a repair. The Administrators will include this in their weekly walk-through of the Home, to be sure this cover is not left off.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
At 9:30 a.m., there was no thermometer in the white kitchen freezer or in the beige kitchen freezer.

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

The thermometers were located and placed back in the kitchen freezers (both) the evening of the Inspection. The temperatures in both freezers were within acceptable range. The Staff was re-trained to check daily for the thermometers. The Administrators have now included this check on their weekly walk-throughs in the care home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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The above plan of correction was approved by AW (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *AW*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

JUN 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department of the address of the home, the location of resident bedrooms or the assistance needed in an 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.

The Administrators were unable to locate a copy of the letter sent to the local fire department, so a new letter was written and delivered to the fire department. A copy of the letter was placed in the appropriate file (along with the Fire Drill logs, etc.)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura B Segers Joel Segers

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

LAWRA B. SEGERS, JOEL W SEGERS

Date

5/31/16

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7/1/16
(Date)

Plan of correction implementation status as of

7/1/16
(Date)

The above plan of correction was approved by

JS
(Initials)

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

JUN 08 2016

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The amount of time to evacuate is rounded to the minute on the homes fire drill record for the following drills:

Date	Time	Amount of time to evacuate
12/01/15	10:30 a.m.	1 minutes
11/04/15	1:00 a.m.	2 minutes
08/14/15	2:00 p.m.	1 minute
04/17/15	11:30 p.m.	2 minutes
02/13/15	5:45 p.m.	1 minute
12/14/14	1:15 p.m.	1 minute

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

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

The amount of time was not rounded to the minute - exhibited by the many entries over the years (entered by the same Administrator) listing seconds as well as minutes. However, in the future, "0 sec." will be written whenever necessary, to avoid confusion.

The following fire drills were conducted and documented on the fire drill log in minutes & seconds:

Date of Drill	Time to evacuate
2/6/16	45 seconds
3/7/16	1 minute 30 seconds
4/21/16	40 seconds
5/13/16	1 minute 55 seconds
6/10/16	1 minute 10 seconds p.m. 7/1/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers Joel Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B SEGERS, JOEL W SEGERS Date 5/31/16

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

The above plan of correction is approved as of 7/1/16 (Date)

Plan of correction implementation status as of 7/1/16 (Date)

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

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

Violation Report: 40211 - 01/13/2016 - Garrigan, Laurie
PCH Name: LA CASA PERSONAL CARE HOME

JUN 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #5's January 2016 medication administration record does not include the diagnoses or purpose for the following medications:


- * Lisinopril 20 mg
- * Amlodipine Besylate 10 mg

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

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

The diagnoses were listed on these 2 items in the MARS the evening after the Inspection was completed. The Administrator did a careful check of every MAR entry the following day and did not find any other errors. The Administrator called the Pharmacy that day and reiterated that every entry must have a diagnosis. The Administrator checks the MARS more closely at the beginning of every month.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LAURA B SEGERS, JOEL W SEGERS	5/31/16

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

The above plan of correction is approved as of <u>7/1/16</u> (Date)	Plan of correction implementation status as of <u>7/1/16</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JW. <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented