



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: March 18, 2016

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

RE: Legacy Place Cottages  
License: #225512

Dear Mr. Killgore:

As a result of the Department of Human Services' licensing inspection on January 21, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The most current Licensing Inspection Summary report completed on 11/8/2015 was not posted in a public and conspicuous place within the facility.

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

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

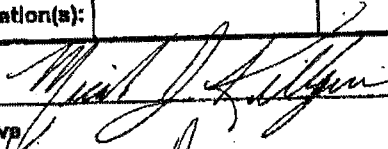
Plan of Correction for 2600.3(c) page 2:

The personal care home's current license, a copy of the current inspection summary, and a copy of this chapter are posted in a public area and marked "DO NOT REMOVE". The Business Manager will check weekly to verify it is there and replace it if any portions are missing.

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)

MICAH KILGORE ADMINISTRATOR

Date 3/14/16

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


The above plan of correction is approved as of 3-15-16  
 (Date)

Plan of correction implementation status as of 3-15-16  
 (Date)

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

The above plan of correction was approved by



Violation Report: 22551 - 01/21/2016 - Hummel, Jesse	
PCH Name: LEGACY PLACE COTTAGES	
<b>1. REGULATION 55 Pa.Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 1/12/16 resident #1 reported to staff person A that "a man was rough changing the resident's clothing and scratched the resident's nose." Staff person A reported this to staff person B, however the allegation was not immediately reported to the local area Agency on Aging as required under the Older Adult Protective Services Act.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
Plan of Correction for 2600.15(a) page 3:	
<p>All staff members have been retrained in immediately reporting suspected abuse of a resident during the All Staff Meeting conducted on February 1, 2016. A sensitivity training was also conducted on this day. This document was sent to Jesse Hummel of DHS Northwest Regional Office. Area on Aging and DHSL both concluded that no abuse had occurred and were satisfied with the reports sent by Legacy Place Cottages. Admin/designee will review periodically to ensure compliance.</p> <p style="text-align: right;"><i>or alleged.</i></p> <p style="text-align: right;"><i>3-15-16</i></p>	
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)	
MICAH KULLBONE Administrator Date 3/14/16	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

**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**

On 11/30/15 and 12/15/15 the facility held fire drills. Resident #1 who is receiving Hospice Services was not evacuated during either drill. The facility did not receive written informed consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or health care representative indicating that the resident is not to evacuate.

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

Plan of Correction for 2600.29a(b)(2) page 4:

Staff was educated and trained that all residents, including those on hospice will be evacuated to a fire safe area during any fire drill or actual emergency. A fire drill was held on 1/27/16 and all residents were evacuated. Compliance will be maintained and reviewed by Admin/designee to ensure that residents on hospice will be properly evacuated.

Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance. *cf. 3-15-16*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michael Kusine*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael Kusine Administrator*      Date *3/14/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)

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

Plan of correction implementation status as of 3-15-16  
 (Date)

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
PCH Name: LEGACY PLACE COTTAGES

**1. REGULATION 56 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**

On 11/30/15 and 12/15/15 the facility held fire drills. Resident #1 who is receiving Hospice Services was not evacuated during either drill. During these drills the designated person who had knowledge of the drills did not immediately upon setting off the fire alarm to begin the drill, go to the room of resident #1 and notify the resident and the any staff that attempted to evacuate the resident that this is a fire drill and that the resident is not 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.

Plan of Correction for 2600.29a(b)(4) page 5:

Staff was educated and trained that all residents, including those on hospice will be evacuated to a fire safe area during any fire drill or actual emergency. A fire drill was held on 1/27/16 and all residents were evacuated. Compliance will be maintained and reviewed by Admin/designee to ensure that residents on hospice will be properly evacuated.

Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance. Q. 3-15-16


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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Micah Kimbore ADMINISTRATOR* Date *3/14/16*

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

The above plan of correction is approved as of 3-15-16  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 3-15-16  
(Date)

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

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

On 11/30/15 and 12/15/15 the facility held fire drills. Resident #1 who is receiving Hospice Services was not evacuated during either drill. During these drills the designated person who had knowledge of the drills did not immediately upon setting off the fire alarm to begin the drill, go to the room of resident #1 and notify the resident and the any staff that attempted to evacuate the resident that this is a fire drill and that the resident is not to be evacuated. Staff of the facility did not evacuate the resident and also have not received training regarding instruction on the evacuation procedures of resident #1 during a fire.

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

Plan of Correction for 2600.29a(b)(6) page 6:

Staff was educated and trained that all residents, including those on hospice will be evacuated to a fire safe area during any fire drill or actual emergency. A fire drill was held on 1/27/16 and all residents were evacuated. Compliance will be maintained and reviewed by Admin/designee to ensure that residents on hospice will be properly evacuated.

The Admin will review the home's fire drill log on a monthly basis in order to ensure ongoing compliance. Cf. 3-15-16


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Micah Killgore*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MICAH KILLGORE Administrator*      Date *3/14/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 3-15-16  
 (Date)

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
PCH Name: LEGACY PLACE COTTAGES

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

On 11/30/15 and 12/15/15 the facility held fire drills. Resident #1 who is receiving Hospice Services was not evacuated during either drill. The resident's assessment and support plan finalized on 11/15/15 do not indicate the evacuation requirements and care for the resident during fire drills as well as the evacuation procedures to be implemented in the event of an actual fire.

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

Plan of Correction for 2600.29a(b)(10) page 7:

Staff was educated and trained that all residents, including those on hospice will be evacuated to a fire safe area during any fire drill or actual emergency. A fire drill was held on 1/27/16 and all residents were evacuated. Compliance will be maintained and reviewed by Admin/designee to ensure that residents on hospice will be properly evacuated.

Adm or Residen Wellness Coordinator will ensure that all hospice residents records are updated as needed to correctly reflect the resident(s) needs. *CP. 3-15-16*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Micah Kullbore*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *MICAH KULLBORE - ADMINISTRATOR*      Date *3/14/16*

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

The above plan of correction is approved as of 3-15-16  
(Date)

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

Plan of correction implementation status as of 3-15-16  
(Date)

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

**1. REGULATION 55 Pa.Code §2600**

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

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


**2a. DESCRIPTION OF VIOLATION**

Staff person, C, (Date of Hire [redacted] 14) was not trained in any of the required areas (1) through (7) prior to or during the first work day of employment.  
 Staff person, D, (Date of Hire [redacted] 15), was not trained in any of the required areas (1) through (7) prior to or during the first work day of employment.  
 Staff person, E, (Date of Hire [redacted] 15), was not trained in any of the required areas (1) Through (7) prior to or during the first work day of employment.

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

Plan of Correction for 2600.65(a) page 8:

Employees C, D, and E and all other employees will be retrained at the next All Staff Meeting on Monday 2/29/16 regarding areas (1) through (7) and an updated employee handbook will be distributed to everyone. Admin/designee will ensure all new staff will receive new handbook and have orientation before or during the first day of work to maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MICHAEL HILLGORE ADMINISTRATOR		3/14/16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3-17-16</u> (Date)		Plan of correction implementation status as of <u>3-17-16</u> (Date)
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2800  
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
(1) Resident rights.  
(2) Emergency medical plan.  
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
Direct care staff persons C, (Date of Hire [redacted] 14), D, (Date of Hire [redacted] 15), and E, (Date of Hire [redacted] 15) did not receive the required training within the 40 scheduled working hours of employment.

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

Plan of Correction for 2600.65(b) page 9:

Employees C, D, and E and all other employees will be retrained at the next All Staff Meeting on Monday 2/29/16 regarding areas (1) through (4). Admin/designee will ensure all new staff will receive new handbook and have orientation before or during the first day of work to maintain compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michal K. K...*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *MICHAEL KESKONE ADMINISTRATOR*      Date *3/14/16*

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

The above plan of correction is approved as of 3-17-16  
(Date)

Plan of correction implementation status as of 3-17-16  
(Date)

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

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 58 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Department Representatives observed 3/4 length bed rails attached to the bed frame of resident #1. The resident's medical evaluation completed on 1/8/16 does not indicate the resident's requirement and or need for these bed rails to be in place.

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.

Plan of Correction for 2600.141(a)(2) page 10:

Bed rails have been removed from resident #1 bed. Halo's have been ordered for the assistance of the resident and are scheduled to arrive on 2/26/16. Nurse/designee will regularly review resident care plans to maintain compliance.

*Nurse/designee will also review installation of halo support devices to ensure they are free of any entrapment hazards. 3-15-16.*

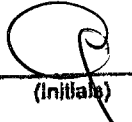
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MICHAEL KILLGORE Administrator* Date *3/14/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 3-15-16  
 (Date)

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

Violation Report: 22551 - 01/21/2016 - Hummel, Jesse  
PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION  
Department Representatives observed the bedroom door of resident #2 open and unlocked. The resident was also not present in the room. The resident stores prescription medication in a locking wall cabinet, however the keys to the wall cabinet were observed hanging from the lock of the cabinet. Because the resident's door was left unlocked and the cabinet is not kept secured the resident's medications are not kept locked and are accessible to other residents.

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

Plan of Correction for 2600.183(b) page 11:


All supplements have been moved and put in a lockbox in the resident's room.  
Regular checks will be made by nurse/designee to check that they continue to be locked. Locks have been ordered for each resident room and should be installed by 2/26/16. Admin/designee will ensure that residents that self medicate are able to demonstrate their ability to safely store their own prescriptions (as per physician) to facilitate ongoing compliance in accordance with DHSL standards. These standards will be discussed at Resident Council on Wednesday 2/24/16 and the information covered will be sent to DHSL Northeast Regional Office.  
Admin/designee will also oversee any resident education or change in medication status as needed. - with oversight by the PCP. Q. 3-15-16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle Kullback*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Kullback Administrator*      Date *3/14/16*

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22561 - 01/21/2016 - Hummel, Jesse  
 PCH Name: LEGACY PLACE COTTAGES

**1. REGULATION 55 Pa.Code §2800**

2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

**2a. DESCRIPTION OF VIOLATION**

The medication administration record (M.A.R.) for the following residents did not include a diagnosis or purpose:  
 Resident #1's Lorazepam 2mg/ 1 m. 0.5 B.I.D.

Resident #3's Aspirin 81 mg. take 1 tab at bedtime , Acetaminophen 325 mg. take 1 to 2 tab Q 4 hrs P.R.N. Amlodipins 5 mg. tab take 2.5 in the p.m.

Resident #4's Meclizine tab 25 mg. 1 tab by mouth three times daily for 5 days.

Resident #5's Aspirin 81 mg. chew 1 tab by mouth once daily., Levothyroxine 100 mg. 1 tab by mouth once daily, Metoprolol 25 mg., 1 tab by mouth once daily, Potassium 5 ml. by mouth once daily., Vitamin D3 2 tabs by mouth once daily.

Resident #6's Carvedilol 6.25 mg. 1 tablet by mouth twice daily with meals, Mirtazapine 15 mg. .5 tablet by mouth at bedtime, Estrace veg , apply a pea-sized drop once or twice a week.

**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, state the reasons why and include dates by which the steps will be completed.

The pharmacy was contacted to be sure they add the diagnosis and purpose on the MAR's before they leave their facility and arrive at the care home. The nurse/designee will review all MAR's upon arrival and verify diagnosis and purpose is present. It will be added if absent to ensure compliance. *This will be done on a monthly basis to ensure ongoing compliance. P. 3-15-16*

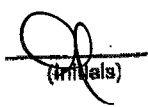
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mitch D. Killgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mitch Killgore Administrator*      Date *3/14/16*

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22561 - 01/21/2016 - Hummel, Jesse PCH Name: LEGACY PLACE COTTAGES	
<b>1. REGULATION 56 Pa.Code §2600</b> 2600.225(c) - The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	
<b>2a. DESCRIPTION OF VIOLATION</b> Department Representatives observed 3/4 length bed rails attached to the bed frame of resident #1. The assessment and support plan finalized on 11/15/15 does not indicate that the bed rails are in place or how the staff will ensure the resident's safety while the bed rails are being utilized.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p style="text-align: center;">Plan of Correction for 2600.225(c) page 13:</p> <p style="text-align: center;">Bed rails have been removed from resident #1 bed. Halo's have been ordered for the assistance of the resident and are scheduled to arrive on 2/26/16. Nurse/designee will regularly review resident care plans to maintain compliance.</p> <p style="text-align: center;"> <i>Residents that require assistive devices will have that need assessed, as well as a plan put into place by the home to meet those needs, how often, and by whom. Cf. 3-15-16.</i> </p>	
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	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented