



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to KAREN ADAMS  
LEGAL ENTITY

To operate THE ADAMS HOUSE  
NAME OF FACILITY OR AGENCY

Located at 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 21  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 22, 2016 until February 22, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 413711

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

AUG 22 2016

Ms. Julian Davenport, Administrator  
Karen Adams  
314 Fallowfield Avenue  
Charleroi, Pennsylvania 15022

RE: The Adams House  
License #: 413711

Dear Ms. Davenport:

As a result of the Department of Human Services' (Department) licensing inspections on February 25, 2016, February 26, 2016 and May 26, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #413710 dated June 17, 2016 to June 17, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. This decision 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.) Your FIRST PROVISIONAL license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132c	II	16	\$5	\$80	5 calendar days from mailing date of this letter
88a	III	16	\$3	\$48	15 calendar days from mailing date of this letter
103i	III	16	\$3	\$48	15 calendar days from mailing date of this letter
141b1	III	16	\$3	\$48	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Julian Davenport

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary

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MAR 28 2016

Page 2 of 31

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 2/25/16, the home's the licensing summaries for 4/23/15, 12/5/14, 7/2/13, and 2/14/13 were not posted anywhere in the home.

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

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

The home will keep all VR summaries together and posted in the conspicuous with our current summary.  
The Admin will inspect the location for summaries 1x per month to ensure summaries from the last year are available.

See page 2A of 31

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date 3-25-16

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(Date)

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

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

RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 2/25/16, the home's the licensing summaries for 4/23/15, 12/5/14, 7/2/13, and 2/14/13 were not posted anywhere in the home.

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

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

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on all of the requirements of regulation 2600.3(c). Documentation shall be kept in the staff records.

Within 30 days of receipt of the accepted plan of correction: A designee will check the home at least daily to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Juliana L. Desport*

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

*Juliana L. Desport*

Date

*7/26/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

MAR 2 2 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 2/25/16, there was an empty medication card in the small uncovered trash receptacle attached to the medication cart in the kitchen with the name of resident #1 indicating Tylenol 500mg for pain relief.

On 2/25/16, the unlocked, unattended, and accessible white cabinet above the medication cart in the kitchen contained the following:

- \* A white 3" three ring binder with all current resident pictures, prescription order, and a list of all resident medications.
- \* A green plastic folder containing all of the resident's medical transfer sheets and information.

On 2/25/16, there was a small unlocked, unattended, and accessible three drawer black file cabinet in the kitchen next to the medication cart containing:

- \* The top drawer contained a discharge summary from Mon-Valley Hospital dated [redacted] 16 for resident #2. This included prescription orders for Lasix and Celfex.
- \* The second drawer contained two incidents reports, one with resident #3's name dated 9/20 and the other with residents #4 and #5 dated 2/10/16

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.

To correct this the small trash has been removed from the side of the med cart. All trash has been moved to the covered locking kitchen receptical.

There are six things that need to be locked and maintained locked on the bottom floor. Included in those six are the white cabinet & black file cabinet. This has been a talking point at the last 2 meetings and will continue to be.

The administrator has been conducting random walk throughs on <sup>all</sup> shifts checking these 6 things that need to be locked. By the end of March a log will be developed to document the walk throughs.

See page 30 of 31

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jillian Dadenpatt*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jillian Dadenpatt*      Date *3/25/16*

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

The above plan of correction is approved as of 8-15-16 (Date)

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

Plan of correction implementation status as of 8/15/16 (Date)

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

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Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 86 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

On 2/26/16, there was an empty medication card in the small uncovered trash receptacle attached to the medication cart in the kitchen with the name of resident #1 indicating Tylenol 500mg for pain relief.

On 2/25/16, the unlocked, unattended, and accessible white cabinet above the medication cart in the kitchen contained the following:

\* A white 3" three ring binder with all current resident pictures, prescription order, and a list of all resident medications.

\* A green plastic folder containing all of the resident's medical transfer sheets and information.

On 2/25/16, there was a small unlocked, unattended, and accessible three drawer black file cabinet in the kitchen next to the medication cart containing:

\* The top drawer contained a discharge summary from Mon-Valley Hospital dated [redacted] 16 for resident #2. This included prescription orders for Lasix and Ceflex.

\* The second drawer contained two incidents reports, one with resident #3's name dated 8/20 and the other with residents #4 and #5 dated 2/10/16.

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

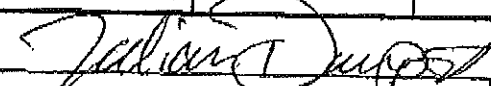
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


Immediately: A designated staff person will check the home on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17.

Immediately: The administrator will check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures to comply with regulation 2600.17. Documentation of education shall be kept.

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 4-8-16

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

The above plan of correction is approved as of 0-15-16 (Date)

Plan of correction implementation status as of 1 (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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION  
The home provides financial assistance for resident #1. The record of financial transactions for the resident does not include a date (year) on the first page or any dates for the eleven transactions on the third page. The record does not include a balance for the eight transactions on the first page, the six transactions from 11/1/15 through 11/28/15, and ten of the eleven transactions on the third page. The third page of the financial record indicates two payments; however, does not indicate an amount of the transaction.  
The home provides financial assistance for resident #6. The record of financial transactions for the resident does not include a balance for eleven of the twelve transactions from 10/1/15 through 11/5/15. The record does not indicate a date for the first two transactions on the page with the third transaction dated 10/1/15. The record has a page indicating thirteen transactions; however, there are no dates for any of the transactions.

The home provides financial assistance for resident #7. The home does not have a 2015 financial transaction record for the resident.  
The home provides financial assistance for resident #8. The record of financial transactions for the resident, with a 2015 date on the first page, does not include a date for the deposit of \$85.00. The record does not include any dates for the twelve transactions on the second page. The record does not indicate a balance for the fourteen transactions on the first page or ten of the twelve transactions on the second page.

The home provides financial assistance for resident #9. The record of financial transactions for the resident only has one page dated 2015. This page does not include a date for the first two transactions. The record does not include a balance for thirteen of the 14 transactions.

The home provides financial assistance for resident #10. The record of financial transactions for the resident does not include a balance for the eleven transactions from 10/1/15 through 11/5/15. The second page of the financial record is not dated. This page does not include a balance for ten of the eleven transactions. The record of financial transactions for resident #10 does not include a date for the eleven transactions on the second page.

The home provides financial assistance for resident #11. The record of financial transactions for the resident includes two pages; however, there is no date (year) on the first page and there are no dates on the second page. The record does not include a balance for the twelve transactions on page 1 and does not include a balance for seven of the ten transactions on page 2.

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.

See pages 42, 48 and 49 of 31

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *3-25-16*

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

The above plan of correction is approved as of 2-15-16 (Date)

Plan of correction implementation status as of 2-15-16 (Date)

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

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

RECEIVED

JUL 27 2016

Page 4 of 31

Violation Report: 41371 - 02/25/2016 - McConnell, Deb WEST REGION FIELD OFFICE  
PCH Name: THE ADAMS HOUSE Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home provides financial assistance for resident #1. The record of financial transactions for the resident does not include a date (year) on the first page or any dates for the eleven transactions on the third page. The record does not a balance for the eight transactions on the first page, the six transactions from 11/1/15 through 11/26/15, and ten of the eleven transactions on the third page. The third page of the financial record indicates two payments; however, does not indicate an amount of the transaction.

The home provides financial assistance for resident #6. The record of financial transactions for the resident does not include a balance for eleven of the twelve transactions from 10/1/15 through 11/5/15. The record does not indicate a date for the first two transactions on the page with the third transaction dated 10/1/15. The record has a page indicating thirteen transactions; however, there are no dates for any of the transactions.

The home provides financial assistance for resident #7. The home does not have a 2015 financial transaction record for the resident.

The home provides financial assistance for resident #8. The record of financial transactions for the resident, with a 2015 date on the first page, does not include a date for the deposit of \$85.00. The record does not include any dates for the twelve transactions on the second page. The record does not indicate a balance for the fourteen transactions on the first page or ten of the twelve transactions on the second page.

The home provides financial assistance for resident #9. The record of financial transactions for the resident only has one page dated 2015. This page does not include a date for the first two transactions. The record does not include a balance for thirteen of the 14 transactions.

The home provides financial assistance for resident #10. The record of financial transactions for the resident does not include a balance for the eleven transactions from 10/1/15 through 11/5/15. The second page of the financial record is not dated. This page does not include a balance for ten of the eleven transactions. The record of financial transactions for does not include a date for the eleven transactions on the second page.

The home provides financial assistance for resident #11. The record of financial transactions for the resident includes two pages; however, there is no date (year) on the first page and there are no dates on the second page. The record does not include a balance for the twelve transactions on page 1 and does not include a balance for seven of the ten transactions on page 2.

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 will create Resident #7's record of financial transactions and provide receipts for cash disbursements and an updated quarterly statement. The administrator will update and maintain all resident accounts for which the home is managing for resident #1, #6 - #11 for 2015 to now. Proper documentation will be corrected within 30 days as well as any discrepancies with the funds. The home will maintain the financial record of these residents and have a plan in place w/in the 30 days to include the regulatory requirements and any steps needed to

Report Violation: No Date(s) of Previous Violation(s):  
Signature of Legal Entity Representative (Required on EVERY Page) [Signature] 7-27-16

8-15-16

ensure funds are distributed during business hours and w/in 24 hours of request. The administrator will educate the admin. assistant on managing the financial management policy and documentation will be kept. This will be completed w/in 30 days. With this all being completed, the administrator will audit the finances and will ensure follow-up on the regulation. This will be w/in 30 days and then annually with the Quality management plan for January 10, 2017.

RECEIVED

JUL 27 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

- Addendum -  
of 2600.20(b)(1)

7-27-16

*Julian Dowling*

8-15-16y

RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home provides financial assistance for resident #1. The record of financial transactions for the resident does not include a date (year) on the first page or any dates for the eleven transactions on the third page. The record does not indicate a balance for the eight transactions on the first page, the six transactions from 11/1/15 through 11/28/15, and ten of the eleven transactions on the third page. The third page of the financial record indicates two payments; however, does not indicate an amount of the transaction.

The home provides financial assistance for resident #6. The record of financial transactions for the resident does not include a balance for eleven of the twelve transactions from 10/1/15 through 11/5/15. The record does not indicate a date for the first two transactions on the page with the third transaction dated 10/1/15. The record has a page indicating thirteen transactions; however, there are no dates for any of the transactions.

The home provides financial assistance for resident #7. The home does not have a 2015 financial transaction record for the resident.

The home provides financial assistance for resident #8. The record of financial transactions for the resident, with a 2015 date on the first page, does not include a date for the deposit of \$85.00. The record does not include any dates for the twelve transactions on the second page. The record does not indicate a balance for the fourteen transactions on the first page or ten of the twelve transactions on the second page.

The home provides financial assistance for resident #9. The record of financial transactions for the resident only has one page dated 2015. This page does not include a date for the first two transactions. The record does not include a balance for thirteen of the 14 transactions.

The home provides financial assistance for resident #10. The record of financial transactions for the resident does not include a balance for the eleven transactions from 10/1/15 through 11/5/15. The second page of the financial record is not dated. This page does not include a balance for ten of the eleven transactions. The record of financial transactions for does not include a date for the eleven transactions on the second page.

The home provides financial assistance for resident #11. The record of financial transactions for the resident includes two pages; however, there is no date (year) on the first page and there are no dates on the second page. The record does not include a balance for the twelve transactions on page 1 and does not include a balance for seven of the ten transactions on page 2.

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

Immediately: The home will complete a record of financial transactions for resident # 7 that will include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will reconcile all resident accounts, for whom the home is providing financial management, including resident #1 and residents #8 through #11 for 2015 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1). Any funds owed to residents will be immediately refunded.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will develop and implement a system to ensure there is a record of financial transactions for each resident who has funds managed by the home including dates, amount of deposits, amounts of withdraws, cash disbursements, current balances and quarterly account statements. This policy will include the steps the home will take to ensure resident funds will be distributed during normal business hours within 24 hours of the resident's request.

Within 30 days of receipt of the accepted plan of correction: All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures and the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10). Documentation of education shall be kept.

Within 30 days of the accepted plan of correction: The administrator or designee will conduct an audit of financial records and finances for all residents for whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met.

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

*[Handwritten Signature]* 7-22-16  
8-18-16

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home provides financial assistance for resident #1. The undated third page of the financial record indicates four payments; however, there is no resident signature for these payments and there are no other receipts for payment.

The home provides financial assistance for resident #6. The second page of the financial record indicates three payments; however, there is no resident signature for these payments and there are no other receipts for payment.

The home provides financial assistance for resident #7. The home does not have a 2015 financial transaction record for the resident.

The home provides financial assistance for resident #8. The second page of the financial record of financial does not include the resident's signature for an \$18.00 copay made on the resident's behalf and there are no other receipt for payment.



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 downloaded the financial transactions form from the dpw website. The designee for financial transactions will double check all signatures before handing out personal needs allowance to ensure both parties have completed the documentation.

SEE PAGE 5A OF 31

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jolinda Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jolinda Davenport*      Date *3-25-16*

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)

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

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home provides financial assistance for resident #1. The undated third page of the financial record indicates four payments; however, there is no resident signature for these payments and there are no other receipts for payment.

The home provides financial assistance for resident #6. The second page of the financial record indicates three payments; however, there is no resident signature for these payments and there are no other receipts for payment.

The home provides financial assistance for resident #7. The home does not have a 2015 financial transaction record for the resident.

The home provides financial assistance for resident #8. The second page of the financial record of financial does not include the resident's signature for an \$18.00 copay made on the resident's behalf and there are no other receipt for payment.

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

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

Immediately: The home will complete a record of financial transactions for resident # 7 that will include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review the financial records with residents #1, #6 and #8 and obtain the residents signature for the funds disbursed as indicated in this violation.

Within 30 days of receipt of the accepted plan of correction: All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures and the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10). Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will conduct an audit of financial records and finances for all residents for whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian A. Davenport*

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

Julian A. Davenport

Date

4-8-16

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

The above plan of correction is approved as of 4-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

46E 2 R 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION

The home is rep-payee for resident #7. On 8/6/15, the resident's bank account was credited \$850.00 for the resident's rent rebate. On 11/4/15, the home cashed a check from the resident's bank account in the amount of \$650.00 for the total amount of the rent rebate and kept all of the resident's rent rebate. The resident was discharged from the home [redacted] 2015 and never received half of the rent rebate.

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 #7 was discharge before we received any Rent Rebates. When the admin was asked when [redacted] was discharged the answer given was the best recollection without the context of the complaint and the file that was destroyed. The daughter of the resident who was the main contact moved frequently and was hard to get ahold of. This is a case of poor Record keeping but NOT of theft. The Home will, in the case of a resident moving from Rehab to ~~the~~ another presumed home and losing contact with Family will order a money order in the resident's Name and keep it in the safe until contact is made.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport* Date *3-26-16*

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of 8-15-16 (Date)

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

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

**2a. DESCRIPTION OF VIOLATION**

The home is rep-payee for resident #7. On 8/6/15, the resident's bank account was credited \$650.00 for the resident's rent rebate. On 11/4/15, the home cashed a check from the resident's bank account in the amount of \$650.00 for the total amount of the rent rebate and kept all of the resident's rent rebate. The resident was discharged from the home [REDACTED] 2016 and never received half of the rent rebate.

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

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

Immediately: The administrator will contact the Washington County Area Agency on Aging to attempt to locate resident #7 and return 50% of the resident's rent rebate. If the resident cannot be located 50% of the rent rebate will be returned to the issuer with a letter explaining the situation.

Within 30 days of receipt of the accepted plan of correction: All financial records for residents who receive rent rebates will be reviewed to ensure the residents have received their rent rebate. Any monies due to the residents shall be immediately refunded. Documentation shall be kept in the resident records.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the requirements of record retention in accordance with regulation 2600.253. Documentation shall be kept.

Immediately: If a resident is no longer being served in the home, the home will maintain the resident's record in accordance with regulation 2600.252 including the reason for termination of services or transfer, the date of transfer, and the destination and regulation 2600.253(a)

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)

*Julian Dawenport*  
 Julian Dawenport      Date 4-8-16

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

The above plan of correction is approved as of 2-15-16  
 (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

MAR 28 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The home only has one shared main telephone line for staff and residents to use. The telephone line has multiple telephones which are connected to the main telephone line. While a resident is using the telephone, anyone can pick up one of the other telephones and listen to the resident's conversation.

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.

By the end of april The home will either  
1. eliminate all phones except for 1 for both the home and residents to use  
or  
2. get a second phone line exclusively for Residents  
The home has to do more research on phone lines. With our current carrier it is an extra \$88 on top of a \$100 phone Bill That is not a feasible option for the home.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Selvan Davenport*

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

Selvan Davenport

Date 3-25-16

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)

The above plan of correction was approved by 4  
(Initials)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The home only has one shared main telephone line for staff and residents to use. The telephone line has multiple telephones which are connected to the main telephone line. While a resident is using the telephone, anyone can pick up one of the other telephones and listen to the resident's conversation.

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

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

Immediately - All residents will be permitted to use a telephone provided by the home to make local telephone calls, *in private,* at no charge at any time.

Within 30 days of the receipt of the accepted plan of correction: An additional independent telephone line shall be installed to ensure resident can make telephone calls in private.

Within 30 days of the receipt of the accepted plan of correction: All staff persons will be re-educated that residents have the right to use a telephone provided by the home to make local telephone calls in private. Documentation of education shall be kept.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Dawenport*

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

*Julian Dawenport*

Date 4-8-16

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

The above plan of correction is approved as of 8-15-16  
(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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, poisonous materials were unlocked unattended and accessible as follows:  
The basement rack of shelves closest to the steps leading to the first floor contained the following:  
- Two 12oz cans, ¾ full, of Rust Oleum, high heat protective enamel with the label indicating "call physician, poison control center, or local emergency room."  
- A 12oz full can of Rust Oleum painters touch with the label indicating "call physician, poison control center, or local emergency room".  
- Two 1.33 gallon containers, 1 ¾ full and 1 full, of Ortho Home defense insect killer with the label indicating "call poison control or doctor immediately".  
- A 1.33 gallon container, ¾ full, with a label indicating "call poison control or doctor immediately".

The basement rack of shelves closest to the furnace contained a 10oz can of Lysol spray with a label indicating "call poison control or doctor".

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 basement Door are one of the six things that need to be locked and maintained locked this has been a point of discussion at the last two meetings.
- The administrator has also been conducting random walk throughs on all shifts checking that everything that should be locked is locked. By the end of March a log will be developed to document the walk throughs.

4-12-16 - Staff walk educated concerning the safe storage of poisonous materials, 8-11-16

See page 9 of 31

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date: *3-25-16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(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: 41371 - 02/25/2016 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

Violation Report: 41371 - 02/25/2016 - McConnell, Deb

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, poisonous materials were unlocked unattended and accessible as follows:

The basement rack of shelves closest to the steps leading to the first floor contained the following:

- Two 12oz cans, ¾ full, of Rust Oleum, high heat protective enamel with the label indicating "call physician, poison control center, or local emergency room".
- A 12oz full can of Rust Oleum painters touch with the label indicating "call physician, poison control center, or local emergency room".
- Two 1.33 gallon containers, 1 ¾ full and 1 full, of Ortho Home defense insect killer with the label indicating "call poison control or doctor immediately".
- A 1.33 gallon container, ¼ full, with a label indicating "call poison control or doctor immediately".

The basement rack of shelves closest to the furnace contained a 19oz can of Lysol spray with a label indicating "call poison control or doctor".

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.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home at least daily on each shift to ensure poisonous materials are locked and inaccessible to residents.

Within 30 days of receipt of the accepted plan of correction: The administrator will monitor the home at least weekly to ensure poisonous materials are locked and inaccessible to residents.

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)

Julian Davenport

Date 4-8-16

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

The above plan of correction is approved as of 4-15-16  
(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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
On 2/25/16, the homes dumpster at the rear of the home was not covered. Both lids were open and the dumpster was 1/4 full.  
On 2/25/16, there was a small white trash receptacle on the rear deck of the home. The trash receptacle was not covered and was 1/3rd full.

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.

By the end of April, during our meeting, staff will be educated on regulation 2600.85(e) and in particular the dumpster used outside the home. The Administrator will also continue to remind staff about this regulation regularly at staff meetings.

within 30 days receipt of the plan of correction, all staff persons will be educated on the requirement to keep trash in covered receptacles. Documentation of education shall be kept. 2-11-16

5th Page 11 of 31

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 3-25-16

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

The above plan of correction is approved as of 2-15-16 (Date)  
The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 2-15-16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Municipal Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, the homes dumpster at the rear of the home was not covered. Both lids were open and the dumpster was 1/4 full.

On 2/25/16, there was a small white trash receptacle on the rear deck of the home. The trash receptacle was not covered and was 1/3rd full.

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

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

Immediately: A designated staff person will check the dumpster and any other outside trash receptacles daily on each shift to ensure the garbage dumpster and any other outside trash receptacles are covered.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the dumpster and any other outside trash receptacles at least weekly to ensure the garbage dumpster and any other outside trash receptacles are covered.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Juliana Dwyer*

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

*Juliana Dwyer*

Date

*7/25/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

MAR 28 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/15/16, there were two rust colored water stained ceiling tiles above the third bed in bedroom #7. One water stain measured approximately 14" by 14" and the other measured approximately 8" by 8".

On 2/25/16, there was rust colored water stained ceiling tiles above bed T in bedroom #8. The water stain measured approximately 16" by 4".

On 2/25/16, there was a rust colored water stained ceiling tiles along the wall and the ceiling by bed P in bedroom #8. The stain measured approximately 2' by 8".

On 2/25/16, the face plate of the floor vent in the living room to the right of the couch was detached, presenting an injury hazard.

On 2/25/16, the floor vent in the main hallway by the steps leading up to the kitchen did not have a cover and was not secured to the floor, presenting an injury hazard.

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 maintenance man has been hired and tiles have been replaced. Included in his weekly check list is checking floors walls and ceilings are in good repair by the end of april All vents and registers will be replaced. they have been examined by maintenance and most have dents or rust.

All items specified in 2600.88(a) have been repaired or replaced. 8-11-16

see page 12 of 31

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

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>g</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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Municipal Surface Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/15/16, there were two rust colored water stained ceiling tiles above the third bed in bedroom #7. One water stain measured approximately 14" by 14" and the other measured approximately 8" by 8".

On 2/25/16, there was rust colored water stained ceiling tiles above bed T in bedroom #8. The water stain measured approximately 16" by 4".

On 2/25/16, there was a rust colored water stained ceiling tiles along the wall and the ceiling by bed P in bedroom #8. The stain measured approximately 2' by 8".

On 2/25/16, the face plate of the floor vent in the living room to the right of the couch was detached, presenting an injury hazard.

On 2/25/16, the floor vent in the main hallway by the steps leading up to the kitchen did not have a cover and was not secured to the floor, presenting an injury hazard.

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

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

Immediately -- The administrator or designee will check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous and hazardous conditions will be corrected immediately. Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home daily on each shift to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Daupt*

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

Julian Daupt

Date 7/26/16

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

MAR 28 2016

Page 13 of 31

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
On 2/25/16 at 9:00 a.m., the cordless telephone in the kitchen did not have any of the required emergency telephone numbers posted on or by the telephone.

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.

*Emergency Numbers sheet has been made and posted beside the telephone. The administrator will check bi-weekly to ensure Emergency numbers are available by the phones and that we are in compliance.*

*See page 13<sup>A</sup> of 31*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *3-25-16*

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)

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

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

RECEIVED

Violation Report: 41371 - 02/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Punjab Cordless Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 2/25/16 at 9:00 a.m., the cordless telephone in the kitchen did not have any of the required emergency telephone numbers posted on or by the telephone.

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

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

Immediately: The administrator or designee will post all of the required telephone numbers in accordance with regulation 2600.91 on or by each telephone in the home, including the poison control and local emergency management telephone numbers.

Within 30 days of receipt of the approved plan of correction: A designated staff person will check all telephones monthly to ensure all telephone numbers in accordance with regulation 2600.91 are posted on or by each telephone.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date

*7/26/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

MAR 2 2 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, the black lamp between the third bed and the wall of bedroom #7 did not have a lamp shade.  
On 2/25/16, the lamp shade on the lamp between the wall and the first bed of bedroom #7 was not attached to the lamp. The shade was sitting on top of the light bulb.  
On 2/25/16, the lamp between beds in bedroom #8 did not have a lamp shade.

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.

Both lamps have been replaced. A Maintainer man has been hired and Equipment & Furniture in good repair is part of his checklist. Also the home is gathering a stock of lamps and other equipment so if any need replaced the problem can be immediately corrected.

See Page 19A of 31

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 3-25-16

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

The above plan of correction is approved as of 8-15-16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8-15-16 (Date)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, the black lamp between the third bed and the wall of bedroom #7 did not have a lamp shade.  
 On 2/25/16, the lamp shade on the lamp between the wall and the first bed of bedroom #7 was not attached to the lamp. The shade was sitting on top of the light bulb.  
 On 2/25/16, the lamp between beds in bedroom #8 did not have a lamp shade.

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

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

Immediately: The administrator or designee will check all lamps to include those cited under this violation to ensure all lamps are operable, in good repair, clean, free of hazards, and shades are in place.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be re-educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service. Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home daily on each shift to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately it will be immediately removed from service.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *7/26/16*

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
On 2/25/16, there was no lamp or source of lighting for the bed on the right of bedroom #6.

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.

lamp has been replaced in bedroom #6. Checking lamps, & other equipment has been made part of the newly hired Maintenance man's check list. Also the home is gathering a stock of lamps and other equipment so if any need replaced, the problem can be immediately corrected.

By the end of April the Maintenance Checklist will be updated and finished.

Within 30 days of receipt of the plan of correction: ALL STAFF persons will be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside. Documentation of education shall be kept. 3-11-16

See page 15 of 31

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport* Date *3-25-16*

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)

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

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

RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Nursing Services Licensing

1. REGULATION 85 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, there was no lamp or source of lighting for the bed on the right of bedroom #3.

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.*

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home at least weekly to ensure all residents have an operable bedside lamp or other source of lighting that can be turned on/off from bedside which includes a lamp shade.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home at least bi-monthly to ensure all residents have an operable lamp or other source of lighting that can be turned on/off from bedside.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John Davenport*

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

*John Davenport*

Date

*7/26/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2500

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

On 2/15/16, there were four slats of window blinds missing from the first window of bedroom #7.

On 2/25/16, the window coverings for both windows in bedroom #8 were sheer and did not allow for resident privacy. Four residents reside in bedroom #8.

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.

By the end of April the home will remove sheer window coverings and replace all Broken blinds and Curtains with opaque Curtains. Checking Window Coverings and other equipment has been made part of the Newly hired maintenance man's check list to ensure the home's equipment is in good repair.

Immediately: All resident bedroom windows will be inspected by a designated staff person to ensure all window coverings are clean, in good repair, provide privacy and cover the entire window when drawn. 11-8-16g

See Page 16A of 31

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*[Handwritten Name and Title]*

Date 5-25-16

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

The above plan of correction is approved as of 8-14-16  
 (Date)

Plan of correction implementation status as of 8-15-16  
 (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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Homeless Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

On 2/15/16, there were four slats of window blinds missing from the first window of bedroom #7.

On 2/25/16, the window coverings for both windows in bedroom #8 were sheer and did not allow for resident privacy. Four residents reside in bedroom #8.

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.

*Window blinds in bedrooms #7 and #8 were replaced to provide privacy and cover the entire window when drawn. 8-11-16*

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check the home weekly to ensure that there are drapes, shades, blinds or shutters on bedroom windows which provide privacy, are clean and in good repair, and cover the entire window when drawn.

Within 30 days of receipt of the accepted plan of correction: The administrator will check at least monthly to ensure that there are drapes, shades, blinds or shutters on bedroom windows which provide privacy, are clean and in good repair, and cover the entire window when drawn.

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)

*Deborah McConnell*

Date *2/26/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8-11-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

MAR 23 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE 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  
On 2/25/16 at 9:20 a.m., the freezer section of the first refrigerator/freezer to the left of the basement food storage area door measured 12 degrees Fahrenheit.  
On 2/25/16 at 9:33 a.m., there were no thermometers in the refrigerator section or the freezer section of the second refrigerator/freezer to the left of the food storage door. Both sections contained assorted food.  
On 2/25/16 at 9:37 a.m., there was no thermometer in the third refrigerator to the left of the food storage area door. The refrigerator contained nine heads of lettuce, seven of which were unwrapped and wilted/rotted and a container of 125 eggs.  
On 2/25/16, the freezer section of the kitchen refrigerator/freezer did not contain a thermometer.

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 missing thermometers have been replaced. A log has been put on each fridge to be a reminder to check and record temps every Mon, Wed, & Fri. The Administrator will check logs and temps 1x per week to ensure accuracy and compliance.

4-12-16: All staff were educated that all refrigerators and freezers shall have thermometers and food requiring refrigeration is stored at 40°F or below and frozen food shall be stored at 0°F or below.

504 PAGE 18A OF 31

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julian Davenport Date 3-25-16

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)

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

- Fully implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

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

On 2/25/16 at 9:20 a.m., the freezer section of the first refrigerator/freezer to the left of the basement food storage area door measured 12 degrees Fahrenheit.

On 2/25/16 at 9:33 a.m., there were no thermometers in the refrigerator section or the freezer section of the second refrigerator/freezer to the left of the food storage door. Both sections contained assorted food.

On 2/25/16 at 9:37 a.m., there was no thermometer in the third refrigerator to the left of the food storage area door. The refrigerator contained nine heads of lettuce, seven of which were unwrapped and wilted/rotted and a container of 126 eggs.

On 2/25/16, the freezer section of the kitchen refrigerator/freezer did not contain a thermometer.

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

Immediately: The administrator will check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.

Immediately: The administrator or designee will develop a policy and procedure to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. This will include a designee checking and recording all refrigerator and freezer temperatures at least twice daily.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date *4-8-16*

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

The above plan of correction is approved as of 8-15-16  
(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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, the emergency evacuation diagrams on the first and second floors of the home did not indicate the locations of fire extinguishers or fire alarm pull stations.

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 added a key to the emergency evacuation diagram and signs to indicate where the fire extinguishers and fire alarm pull stations. Backup copies of the diagram have also been made in the case of the posted one getting destroyed. Administrator will check monthly to ensure diagram is within compliance

See page 21A of 31

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date *3-26-16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(Date)

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

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

Violation Report: 41377 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**

On 2/25/16, the emergency evacuation diagrams on the first and second floors of the home did not indicate the locations of fire extinguishers or fire alarm pull stations.

**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.*

Within 30 days of receipt of the accepted plan of correction A designee will check the home monthly to ensure the emergency evacuation diagrams in accordance with regulation 2600.123(c) are posted in a public and conspicuous place on each floor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date

*7/26/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

RECEIVED

MAR 28 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
On 2/25/16, there was a wooden cabinet measuring approximately 2½' x 2' x 1' within three inches from the basement water heater.  
On 2/25/16, there was a carpet cleaner and a salon chair within 10" of the basement furnace. Both of these items are made of combustible materials.

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 two Staff that work with Equipment and Materials have been reeducated on regulation 2600.125(a).  
A <sup>white</sup> ~~yellow~~ perimeter has also been painted around the heat and Hot water sources, all staff will be educated on nothing ~~to~~ being allowed in that yellow perimeter  
By the end of aprial at our next meeting

See Page 22A of 31

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

Signature of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport* Date *3-26-16*

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

The above plan of correction is approved as of 8-15-16 (Date)

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

Plan of correction implementation status as of 8-11-16 (Date)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST NEBRASKA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 2/25/16, there was a wooden cabinet measuring approximately 2 1/2' x 2' x 1' within three inches from the basement water heater.

On 2/25/16, there was a carpet cleaner and a salon chair within 10" of the basement furnace. Both of these items are made of combustible materials.

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 wooden cabinet, carpet cleaner, and salon chair were moved at the time of inspection.

Immediately: A designated staff person will check the home daily to ensure combustible or flammable materials are not near heat sources.

Within 30 days of receipt of the accepted plan of correction: The administrator will check the home weekly to ensure combustible or flammable materials are not near heat sources.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Juliana Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Juliana Davenport*      Date *7/26/16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

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 home's fire drill record indicates a fire drill was conducted on 2/1 /16 at 8:30 p.m. However, the home's fire alarm monitoring company record indicates the fire drill was conducted on 2/1 /16 at 8:54 p.m.

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

The home's fire drill record will indicate the specific time of the start of the drill. The procedure for this is now that the designated staff person will man the pull station unannounced with the stop watch. The staff on duty will evacuate. The administrator will be able to supervise the accuracy of the start time of the drill because the administrator will be in charge of calling the monitoring company to put the system on hold. This step is done before the designated staff person pulls the alarm. The administrator will record the date, time, amount of time for evacuation, the exits used, number of residents evacuated, and the number of staff used, as well as problems and whether the system was operative. This documentation will be rerecorded by the assistant admin. for quality assurance and any problems rectified either through the system maintenance or repeat drill/education.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*      Date *3-26-16*

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

The above plan of correction is approved as of 2-15-16 (Date)

Plan of correction implementation status as of 2-15-16 (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: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.132(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 home's fire drill record indicates a fire drill was conducted on 2/1/16 at 8:30 p.m. However, the home's fire alarm monitoring company record indicates the fire drill was conducted on 2/1/16 at 8:54 p.m.

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

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

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes; the date, time, 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 activated. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Immediately: All fire drills shall be unannounced and conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2800.132(a) in the home's fire drill record.

*Within 30 days of receipt of the plan of correction, all staff persons will be educated on the designated meeting place away from the building, making notification to the fire alarm company prior to all fire drills, and the requirement to record all fire drills in the home's fire drill record in accordance with regulation 2800.132(c). Documentation of education shall be kept. 2-11-16*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julian Davenport*      Date *2-8-16*

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

The above plan of correction is approved as of 2-11-16  
 (Date)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
On 2/1/16, at 8:30 p.m., the home conducted a fire drill with 15 residents present in the home. However, only 14 of the 15 residents were 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.

For this instance, our fire drill record was documented accordingly and then a repeat fire drill was performed with compliance of that particular resident. That was upon re-education of the homes rules and the contract agreement where the resident signed, agreeing to participate in a mandatory fashion. If a resident refuses to participate in a fire drill, the home will increase the number of random fire drills and education for that month by 2 for every refusal and failed drill within that particular month.

See page 24 of 31

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Devanott*      Date *3-28-16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(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: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 2/1/16, at 8:30 p.m., the home conducted a fire drill with 16 residents present in the home. However, only 14 of the 15 residents were 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.*

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and a record is kept for each fire drill in a record which includes all information required by 2600.132(e).

Within 30 days of receipt of the accepted plan of correction: All residents and staff will be educated on the requirements of the home to conduct a fire drill at least once a month, a fire drill during sleeping hours every 6 months, to evacuate all residents to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year. Documentation of education shall be kept in the resident and staff records. If a resident refuses to evacuate during a fire drill, the administrator or designee will re-educate the resident, contact the resident's family, case worker, resident's physician, or other medical professional to encourage the resident to evacuate and provide positive intervention measures to encourage the resident to evacuate. All failures of a resident who refuses to evacuate shall be documented on the fire drill record. All measures taken by the home to correct the resident's refusal to evacuate shall be documented in the resident's record.

The homes fire drill record indicates fire drills were conducted on 2/15/16 and 3/14/16 and that all residents evacuated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date *4-8-16*

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

The above plan of correction is approved as of

*2-11-16*  
 (Date)

Plan of correction implementation status as of

*2*  
 (Date)

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

The above plan of correction was approved by

*J*  
 (Initials)

Violation Report: 41371 - 02/25/2016 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
--	--

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

2a. DESCRIPTION OF VIOLATION  
Resident #13 was admitted into the home on [redacted] 15. A medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. The Immunization History section was left blank, there was no medication regimen and the Medication Addendum section indicates "see medication addendum below." There was no addendum.

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 will print medical evaluations for the resident's doctors appointments with a current medication list for the doctor. If the designated staff person has a resident going out for a doctor's appointment, the staff person will check that the medical evaluation has a current medication list attached. If any medical evaluation comes back from the doctors office incomplete, including without immunization history or missing dates, the designated staff person will call the dr.'s office staff to get it corrected by the doctor. This may involve rescheduling a follow up appointment. All documented medical evaluations will be completed with dates, immunization histories, and medication regimens attached and will be placed in the resident's file after inspected by the administrative assistant.

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
Julian Davenport	3-28-16

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>[initials]</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: 41371 - 02/26/2016 - McConnell, Deb  
FCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Resident #13 was admitted into the home on [redacted] 6. A medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. The Immunization History section was left blank, there was no medication regimen and the Medication Addendum section indicates "see medication addendum below." There was no addendum.

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 medical evaluation completed in its entirety for resident #13 on 1-13-16.*

Immediately: The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely and accurately in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Immediately: The administrator or designee shall develop and implement a system to ensure all residents have a medical evaluation, completed in its entirety to include the date evaluated, within 60 days prior to admission or 30 days after admission to the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julian Davenport Date 4-26

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

The above plan of correction is approved as of 4-11-16 (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: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 was admitted into the home on [redacted] 14. The resident's annual medical evaluation, dated 1/13/16, does not include a medication regimen and the Medication Addendum section indicates "please see e-mar medication list." There was no addendum or medication list attached.

The most recent medical evaluation for resident #5's was completed on 3/14/14.

Resident #8 was admitted into the home on [redacted] 10. The resident's annual medical evaluation, dated 3/26/15, does not include any medication regimen and the Medication Addendum section was blank. The resident is prescribed multiple medications.

Resident #11 was admitted into the home on [redacted] 13. An annual medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. The Immunization History section was left blank and there was no medication regimen and the Medication Addendum section indicates "Please see e-mar medication list. There was no addendum or medication list attached.

Resident #15 was admitted into the home on [redacted] 12. An annual medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. There was no medication regimen and the Medication Addendum section indicates "please see e-mar medication list". There was no addendum or medication list attached.

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.

To prevent the medical evaluation from being incomplete, lost, or missing critical information, the home has a house doctor completing physicals every 6 months. The residents that arrive in between will be seen by the house doctor or an outside doctor by appt. Multiple checks are now put in place, before the appt., the administrator will check that the medication list that is current, is attached. The designated staff person will check the same when handing off the forms to the doctor. Upon receiving the forms back, staff will check that all dates, medical immunization info. is complete and the medication list is attached. The administrator will check the same before giving the forms over to the administrative assistant, who will check all of this before placing the medical eval. in the resident's file. Due to this being a repeat violation, a safeguard log will be created by the end of April so that the administrative assistant can verify completeness in a documented format leaving no room for error and any problems addressed immediately by calling the doctor.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/23/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Dawson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Dawson*      Date *3-28-16*

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>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>f</i> <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

1. REGULATION 85 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted into the home on [redacted] 14. The resident's annual medical evaluation, dated 1/13/16, does not include a medication regimen and the Medication Addendum section indicates "please see e-mar medication list." There was no addendum or medication list attached.

The most recent medical evaluation for resident #5's was completed on 3/14/14.

Resident #8 was admitted into the home on [redacted] 10. The resident's annual medical evaluation, dated 3/28/15, does not include any medication regimen and the Medication Addendum section was blank. The resident is prescribed multiple medications.

Resident #11 was admitted into the home on [redacted] 13. An annual medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. The Immunization History section was left blank and there was no medication regimen and the Medication Addendum section indicates "Please see e-mar medication list. There was no addendum or medication list attached.

Resident #15 was admitted into the home on [redacted] 12. An annual medical evaluation was completed for the resident; however, the date of the in-person medical evaluation was left blank. Therefore, it is unable to be determined if the medical evaluation was completed within the required time frame. There was no medication regimen and the Medication Addendum section indicates "please see e-mar medication list". There was no addendum or medication list attached.

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.

*Within 15 days of receipt of the plan of correction, Resident #11 shall have an in-person medical evaluation completed by a physician, physician's assistant or a certified registered nurse practitioner and shall be documented on the Department's form. 6-11-16*

Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Immediately: The administrator or designee shall develop and implement a checklist which includes the dates of all resident's current medical evaluations. A designee shall review the checklist every month to ensure upcoming annual medical evaluations are scheduled for an in-person medical evaluation in a timely manner. A designee shall review the completed medical evaluation immediately upon receipt to ensure the medical evaluation is completed in its entirety. Any medical evaluation found incomplete, shall immediately be returned to the physician, physician's assistant, or registered certified nurse practitioner. Documentation of the checklist shall be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/23/2015

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date *4-8-16*

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

The above plan of correction is approved as of 6-11-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb		WEST REGION FIELD OFFICE	
PCH Name: THE ADAMS HOUSE		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.			
2a. DESCRIPTION OF VIOLATION On 2/25/16 at 8:58 a.m, resident #3 was observed by agents of the Department smoking directly in front of the main entrance to the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>The administrator re-educated resident #3 of the regulation as well as the home rules and the smoking policy that was implemented with resident #3's signature designating [redacted] understood that the smoking policy needs to be abided by all staff and residents. Per the home's smoking policy, Resident #3 was re-educated that smoking is not allowed in front of entrances, the main entrance, and that the policy is posted at all entrances and exits, as well, that the designated smoking area is available to all residents during hours applicable to the home policy. The administrator will be performing unannounced weekly walk-throughs to assure all aides, staff, and residents are in compliance.</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	
William Davenport		3-28-16	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8-15-16</u> (Date)		Plan of correction implementation status as of <u>8-15-16</u> (Date)	
The above plan of correction was approved by <u>[initials]</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	

in...

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
 Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
 On 2/25/16 at 8:58 a.m. resident #3 was observed by agents of the Department smoking directly in front of the main entrance to the home.

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

Within 30 days of receipt of the accepted plan of correction - All staff persons and residents who smoke will be educated on the home rules for smoking and the homes policy and procedures for smoking and the location of the designated smoking area including the proper fire and safety measures and smoking is only permitted in the designated smoking area. Documentation of education shall be kept.

Immediately: A designated staff person will monitor the home daily at least twice a shift to ensure the home's smoking policy and procedures are being followed and residents are following the home rules.

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

*Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julian Davenport</i>	<i>4-8-16</i>

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

<p>The above plan of correction is approved as of <u>8-15-16</u>          (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u>          (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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RECEIVED

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2609  
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
On 2/26/16, resident #8's Q-Tussin DM Syrup was in stored in the medication cart. The medication expired on 12/2015.

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.

From now on, starting March 2016, the administrator has implemented a plan to keep the medication cart orderly. The daytime designated aide is clocking in every Friday evening shift and is doing a medication inventory. She will match the medications to their orders and all medications will be evaluated based on the GR's noting expiration dates and any discontinued medications. All applicable medications will be destroyed in a safe manner. Re-education for aides will be given at the next meeting, Tues. April 12, regarding this regulation. Any medications needing reordered for existing residents will be done on each shift as needed by calling the dr. for a new script and notifying the pharmacy. Lastly, the administrative assistant will do a weekly quality assurance check for the medication orders and medications in the cart.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Deavenport*

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

Julian Deavenport

Date 2-11-16

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

The above plan of correction is approved as of 2-15-16 (Date)

Plan of correction implementation status as of 2-15-16 (Date)

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

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

Addendum to page 28 (writing was too small)

Reg. 2600.183(f) continued.

Any resident that moves out will be provided their medications by caseworker, the resident themselves, or their designated person, or person/entity responsible for new placement upon signature with the home's administrator.

Resident #'s medication was disposed of. 4-11-16.

within 30 days of receipt of the plan of correction: All staff persons qualified to administer medications will be educated that expired medications will be destroyed in a safe manner according to the Department of Environmental Protection, Federal and State regulations, and the home's policy and procedures. Documentation of education shall be kept. 8-11-16.

Julian Davenport

4-11-16

Julian Davenport

8-15-16

MAR 29 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Lorazepam, 0.5mg, 1 tablet by mouth daily as needed for anxiety. On 2/26/16, at 11:00 a.m., the medication was not available in the home for administration.

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 will provide re-education to the direct care staff regarding this regulation. The daytime designated aide will audit the cart and all aides are to check the orders on the e-mar when administering. All reordered medications will be added and notations made by the aide on duty will be made at shift change and in the log book. The designated aide will come in on every Friday to audit the cart, including PRN medications and narcotics. If a discrepancy is made, the aide will call the pharmacy and the doctor to either order a script or discontinue said medication. The administrative assistant will check weekly to cover the designated aide's findings. Re-education on April 12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Sharon Carpenter*

Date

*3-28-16*

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

*4/15/16*  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 41371 - 02/26/2016 - McConnell, Deb  
 PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident #8 is prescribed Lorazepam, 0.5mg, 1 tablet by mouth daily as needed for anxiety. On 2/26/16, at 11:00 a.m., the medication was not available in the home for administration.

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

Immediately: The administrator or designee qualified to administer medications will check resident #8's prescription to see if any refills are available. If any refills are available, the medication will be immediately ordered. If there are no refills available, the administrator or designee qualified to administer medications will contact the prescriber to see if the prescriber wishes to re-order or discontinue the medication. If the medication is re-ordered a current prescription order will be obtained and kept by the home.

Within 30 days of receipt of the accepted plan of correction: The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept in the staff record.

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications will complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated on the home's policy and procedures for ordering and distribution of medications and the home's policy and procedures for ordering medications to ensure all prescribed medications, including as needed "PRN" medications, are available in the home for administration.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julian Davenport*      Date *4-8-16*

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

MAR 23 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident #17 is prescribed Losartan Potassium, 50mg, one tab by mouth daily at 8:00 a.m. The resident's February 2016 medication administration record did not indicate the medication was administered on 2/1/16, at 8:00 a.m.

Resident #18 is prescribed Brimonidine, 0.2% Drops, one drop into eyes three times daily at 9:00a.m., 5:00p.m., and 9:00p.m. The resident's February 2016 medication administration record did not indicate the medication was administered on 2/7/16, 2/13/16, and 2/20/16 at 9:00 a.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/23/16, at 5:00 p.m.

Resident #18 is proscribed Dorzolamide HCL, 2% Drop, one drop into both eyes three times daily at 9:00a.m., 5:00 p.m., and 9:00 p.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/7/16, 2/13/16, and 2/20/16, at 9:00 a.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/23/16 at 5:00 p.m.

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

The administrator will provide re-education for this reg. at the April 12 meeting. The designated aide is checking the medication task bar for missed medications and the staff person in question needs to come to the facility to explain themselves. Any mistake on medication will be either marked as missed or refused and the doctor will be called, and a refusal form will be faxed. The aide on duty will be reeducated on checking the e-mar alerts before the end of the shift. Because this is a repeat violation, the administrative assistant will now be logging on daily to assure the time of administration of all medications is now being documented at all times of administration. The use of the electronic MAR will be evaluated at every staff meeting and medication course by the

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) Julian Davenport Date 3-24-16

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

The above plan of correction is approved as of 2-15-16 (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 [Signature] (Initials)

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #17 is prescribed Losartan Potassium, 50mg, one tab by mouth daily at 8:00 a.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/1/16, at 8:00 a.m.

Resident #18 is prescribed Brimonidine, 0.2% Drops, one drop into eyes three times daily at 9:00a.m., 5:00p.m., and 9:00p.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/7/16, 2/13/16, and 2/20/16 at 9:00 a.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/23/16, at 5:00 p.m.

Resident #18 is prescribed Dorzolamide HCL, 2% Drop, one drop into both eyes three times daily at 9:00a.m., 5:00 p.m., and 9:00 p.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/7/16, 2/13/16, and 2/20/16, at 9:00 a.m. The resident's February, 2016 medication administration record did not indicate the medication was administered on 2/23/16 at 5:00 p.m.

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

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

Immediately - The administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2800.187(b).

Immediately: A designated staff person qualified to administer medications will review all resident MARs on each shift to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews will be kept.

Immediately: The administrator will review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Within 30 days of receipt of the accepted plan of correction; All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2800.187(b). Documentation of education shall be kept.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date 4-8-16

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

The above plan of correction is approved as of 6-15-16  
(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

RECEIVED

MAR 23 2016

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION

Resident #7 was discharged from the home approximately [redacted] 2015. On 2/26/16, the home was unable to produce the resident's record to agents of the Department upon request.

Resident #12 was discharged from the home approximately [redacted] 2015. On 2/26/16, the home was unable to produce the resident's record to agents of the Department upon request.

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.

In November the home had an overflowed bathtub spill onto the floor and through the ceiling and leaking into the office for an unknown amount of time. This ruined several documents checks and folders on the Administrator's desk. It was not discovered until the next morning that the water traveled to the locked office. Since that incident all files have been moved to an upstairs file cabinet and ones that are being worked on are locked in a smaller cabinet at the end of each workday.

Immediately: The administrator or designee shall check monthly to ensure all resident records are stored in a safe and secure area. B-11-16,

SEE PAGE 31A OF 31

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jodiann Davenport*

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

Jodiann Davenport

Date 3-26-16

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

The above plan of correction is approved as of 8-13-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(Date)

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

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

Violation Report: 41371 - 02/25/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE  
WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION  
Resident #7 was discharged from the home approximately [redacted] 2015. On 2/28/16, the home was unable to produce the resident's record to agents of the Department upon request.  
Resident #12 was discharged from the home approximately [redacted] 2015. On 2/28/16, the home was unable to produce the resident's record to agents of the Department upon request.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Immediately: The administrator or designee will review all resident records to ensure the home has a record for all current and discharged residents within the past three years or until any audit or litigation is resolved.  
Within 30 days of receipt of the accepted plan of correction: The administrator will review and update, if necessary, the home's policy and procedures for record retention. All staff persons responsible for the contents, storage, and retention of resident records will be educated on the home's policy and procedures for record retention.  
Documentation of education shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

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

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

The above plan of correction is approved as of 2-15-16 (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**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: THE ADAMS HOUSE		License Number: 41871
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: Julian Davenport		Region: WEST
Legal Entity Name: KAREN ADAMS		WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		
Certificate(s) of Occupancy C-2 LP 01/02/1998 L & I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 18                      Waking Staff: 14		
Type of Inspection: Interim - PDC                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/26/2016: McConnell, Deb; Barry, Courtney		
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: 21 Number of Residents Served: 16 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: 10 Are 60 Years of Age or Older: 8 Have Mental Illness: 16 Have an Intellectual Disability: 6 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 5/26/16, there were multiple spots of what appeared to be mold along the length of the food crisper drawer support track and there was an area measuring approximately 4" by 5" of a brown substance underneath the food crisper drawers of basement freezer #1.  
On 5/26/16, there was what appeared to be mold and food particles scattered throughout the bottom of basement freezer #5.  
On 5/26/16, there was food particles scattered throughout the bottom of the freezer and a 5" by 6" piece of cardboard box stuck to the bottom of the chest style freezer in the basement.

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 Food lady and I have come up with a Cleanliness Check list for the Fridges that are in use It specifically list crumbs among other things to look for at the start of the shift This system has worked well for her on the temps. The attached handwritten copy was just for the first day to show our work. The typed copy (attached) is what will be used from now on. These cleanings will be performed every Monday - Wednesday and Fridays.

SEE PAGE 2 OF 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davern*

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

Julian Davern

Date

6-7-16

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

The above plan of correction is approved as of

8-15-16  
(Date)

Plan of correction implementation status as of

8-15-16  
(Date)

The above plan of correction was approved by

*J*  
(Initials)

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

RECEIVED

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
(Home Services Licensing)

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

2a. DESCRIPTION OF VIOLATION

On 5/26/16, there were multiple spots of what appeared to be mold along the length of the food crisper drawer support track and there was an area measuring approximately 4" by 5" of a brown substance underneath the food crisper drawers of basement freezer #4.

On 5/28/16, there was what appeared to be mold and food particles scattered throughout the bottom of basement freezer #5.

On 5/28/16, there was food particles scattered throughout the bottom of the freezer and a 5" by 6" piece of cardboard box stuck to the bottom of the chest style freezer in the basement.

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

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

Immediately: The administrator or designee will clean and sanitize freezer #4, freezer #5, and the chest style freezer.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept in the staff records.

Within 30 days of receipt of the accepted plan of correction: A designated staff person on each shift will monitor the home at least daily to ensure sanitary conditions are maintained in the home to include food, food equipment storage areas, and bathrooms.

Within 30 days of receipt of the accepted plan of correction: The administrator will monitor the home at least weekly to ensure sanitary conditions are maintained in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*[Handwritten Name and Title]*

Date

*7-7-16*

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

The above plan of correction is approved as of

8-15-16  
(Date)

Plan of correction implementation status as of

\_\_\_\_\_  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 41371 - 05/26/2016 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION On 5/26/16, there was an 8' by 6' crawl space in the basement, under the first floor bathroom, that had multiple puddles of standing water up to 2" in depth. On 5/26/16, there was a 7' by 6' area of standing water in the basement coal shoot room measuring approximately 2" in depth.	
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.	

Both the crawl space and the coal shoot have been looked at by our maintenance man, while the coal shoot standing water will most likely need to be addressed by professionals he believes that the crawl space water was cause by a leaking water pipe. The pipe has been fixed the puddles removed with a wet vac and none have returned. Maintenance man continues to monitor crawl space weekly for any changes. The administrator has inquired about resolving the coal shoot standing water and by the end of July will have several professionals propose a resolution. By the end of Aug the home will start taking bids on said resolution.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/30/2015 <i>ETP</i>
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See page 3 of 11

PG 3

RECEIVED

WEST REGION FIELD OFFICE  
Human Services Licensing

The Maintenance man has been investigating the source of the water in the Coal Room and he have a few ways to correct the problem

1. By the end of July the rain gutter and down spout on the Right side of the house will be replaced, ~~we be rep~~ we believe this is the source of the water in the Coal room. 2 a Drain path will be added ~~by~~ From the Coal room to the Drain that is currently in the floor

Within 30 days of receipt of the plan of correction the home shall contact a licensed contractor to provide an assessment to determine the cause of the water in the basement area. The written assessment shall be submitted to the Department. The home shall follow and complete the recommendations of the licensed contractor to remedy the basement water condition. 8-11-16

8-15-16

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION  
On 5/26/16, there was no mirror in occupied resident bedrooms #3 and #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.

We have Replaced this mirror ~~so~~ on two Separate Occasions. The administrator has talked to each Resident in Room 7 and One has admitted to taking the mirror and selling them at local Thrift shops New mirrors have been bought they will be screwed to the walls instead of hanging. A check list of Mirrors, lights & Blinds has been put on the Back of each door for housekeeping to inspect every week day. also a stock of Mirrors & blinds will be purchased and stored down stairs like we have done with our lights stock by the end July.

See page 4 of 11

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/30/2015

etc

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Juliana Davenport*

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

Juliana Davenport

Date

6-7-16

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

The above plan of correction is approved as of

8-15-16  
(Date)

Plan of correction implementation status as of

8-15-16  
(Date)

The above plan of correction was approved by

*J*  
(Initials)

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

RECEIVED

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Hudson Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION  
On 5/26/16, there was no mirror in occupied resident bedrooms #3 and #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.  
Immediately: A designee will check all resident bedrooms at least twice a week to ensure each resident bedroom has a mirror.

Within 30 days of receipt of the accepted plan of correction: The administrator will check all resident bedrooms at least monthly to ensure each resident bedroom has a mirror.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/30/2015 *et al*

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Name]*      Date *7-22-16*

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

The above plan of correction is approved as of 8-15-16  
(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: 41371 - 05/26/2016 - McConnell, Deb	
PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.	
2a. DESCRIPTION OF VIOLATION On 5/28/16, the window blind on the first window of bedroom #4 was a missing slat.	
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.	

- Each Bedroom door has a checklist of mirrors, lights and blinds/Curtains for house keeping to inspect. This checklist is required to signed off on every day Mon-Fri if in good repair.
- The Administrator has also added the Mirrors, light & Blinds to his Weekly checkups and will continue to monitor every week.
- A stock of mirrors, light & blind will be kept for immediate Replacing
- The Blind in bed room # 4 has been replaced

See page 5 of 11

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
Julian Davenport			6-7-16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8-15-16</u> (Date)		Plan of correction implementation status as of <u>8-15-16</u> (Date)	
The above plan of correction was approved by <u>J</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 41371 - 05/26/2016 - McGonnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

On 5/26/16, the window blind on the first window of bedroom #4 was a missing slat.

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

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

Immediately: The administrator or designee will repair or replace the window blinds in bedroom #4.

Within 30 days of receipt of the accepted plan of correction: The administrator will check at least monthly to ensure that there are drapes, shades, blinds or shutters on bedroom windows which provide privacy, are clean and in good repair, and cover the entire window when drawn.

*Immediately: All resident bedroom windows will be inspected by a designated state person to ensure all window coverings are clean, in good repair, provide privacy and cover the entire window when drawn. 8-11-16*

*Within 30 days of receipt of the plan of correction: A designated state person will check the home weekly to ensure that there are drapes, shades, blinds or shutters on bedroom windows which provide privacy, are clean and in good repair, and cover the entire window when drawn. 8-11-16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]*      Date *7-22-16*

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

The above plan of correction is approved as of 8-15-16 (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

RECEIVED

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 5/26/16, there were 3 clear packages of frozen chicken legs, which have been removed from the original container in basement freezer #3. None of the packages were dated.

On 5/26/16, there were 5 clear bags of frozen french fries, which have been removed from the original container in basement freezer #5. None of the packages were dated.

On 5/26/16, there were 5 clear bags of frozen waffles, which have been removed from the original container in basement freezer #6. None of the packages were dated.

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.

While we have corrected undated food in the upstairs refrigerator with checks on every shift, our downstairs freezers only hold enough food for two weeks, the documentation that ~~was~~ we have been keeping are the invoices from each order that show the date of arrival. It was explained that this is not enough, so we added the same list that has been successful upstairs to our downstairs refrigerators as well.

Attached list

By the end of the month food lady will be trained on 100%

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/30/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*      Date *6-7-16*

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of 8-15-16 (Date)

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

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

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
(PHILADELPHIA, PA 19103)

1. REGULATION 65 Pa. Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 5/26/16, there were 3 clear packages of frozen chicken legs, which have been removed from the original container in basement freezer #3. None of the packages were dated.

On 5/26/16, there were 5 clear bags of frozen french fries, which have been removed from the original container in basement freezer #5. None of the packages were dated.

On 5/26/16, there were 5 clear bags of frozen waffles, which have been removed from the original container in basement freezer #6. None of the packages were dated.

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

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

Immediately: The administrator will check all refrigerators and freezers to ensure all foods are labeled and dated.

Within 30 days of receipt of the accepted plan of correction: All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept.

Within 30 days of receipt of the accepted plan of correction: A designated staff person will check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of.

Within 30 days of receipt of the accepted plan of correction: The administrator will check all food storage areas at least weekly to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. Documentation of checks shall be kept: 8-11-16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/30/2015 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date 7-22-16

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

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JUL 27 2016

Page 7 of 11

Violation Report: 41371 - 05/26/2016 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2800 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	
2a. DESCRIPTION OF VIOLATION On 5/26/16, the emergency evacuation diagram on the second floor of the home did not indicate the correct orientation to the home's actual evacuation routes.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	

Immediately, the Admin will designate a staff to update all emergency evacuation diagrams to ensure all fire stations, pull stations & extinguishers ~~are~~ are identified with separate symbols and identifiable marks. The designated person will check the home monthly to ensure the diagrams are in compliance.

See Page 7 of 11

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
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by	<u>g</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

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Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
(Business Services Licensing)

1. REGULATION 55 Pa.Code §2800  
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION  
On 5/26/16, the emergency evacuation diagram on the second floor of the home did not indicate the correct orientation to the home's actual evacuation routes.

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.

Within 30 days of receipt of the accepted plan of correction: A designee will check the home monthly to ensure the emergency evacuation diagrams in accordance with regulation 2600.123(e) are posted in a public and conspicuous place on each floor and the emergency evacuation diagram orientation coincides with the homes emergency exits.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date *7-22-16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

RECEIVED

Violation Report: 41371 - 05/26/2016 - McConnell, Deb PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE <small>(Non-Residential)</small>
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 home does not have a safe evacuation time specified in writing by a fire safety expert. On 5/24/16, at 9:15 p.m., the home conducted a fire drill. Staff person A, who conducted the drill, indicated the evacuation of residents exceeded 3 minutes. This fire drill was not included in the home's fire drill record.	
PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)	

- This home received a violation on a previous inspection on having an evacuation time of over 3 mins on one of two fire drills that was conducted in a single month. The Administrator misunderstood the violation and thought it was received because it was failed and recorded. When the inspectors came in the Administrator told them the home had a failed fire drill and another was planned for the same night.

- The home will record all fire drills failed or not.
- If a resident refused to participate in the fire drill the home will increase the number of random fire drills per month by X2 for every refusal or failed fire drill in that time period.
- We understand this may result in more evac time violations in the short-term, but we feel that in the long term it will show the importance of fire drill participation and compliance with the home rule.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/30/2015 <i>etc</i>
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Julian Dawidoff</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julian Dawidoff</i>	6-7-16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See page 8 of 11

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
 POH Name: THE ADAMS HOUSE

WEST PENSION FIELD OFFICE  
 Fire Alarm Monitoring

1. REGULATION 55 Pa.Code §2500

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 home does not have a safe evacuation time specified in writing by a fire safety expert. On 5/24/16, at 9:15 p.m., the home conducted a fire drill. Staff person A, who conducted the drill, indicated the evacuation of residents exceeded 3 minutes. This fire drill was not included in the home's fire drill record.

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

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

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes; the date, time, 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 activated. The administrator will request the fire alarm activity records for the fire alarm monitoring company and maintain these records with the home's fire drill record.

Immediately: All fire drills shall be unannounced and conducted by notifying the fire alarm monitoring company to place the fire alarm system on hold. The designee from the home will then conduct a fire drill by activating a fire alarm or smoke detector in the home, allowing for the fire alarm monitoring company to receive and record the fire alarm. The home's designee shall document the fire drill in accordance with regulation 2600.132(c) in the home's fire drill record.

*within 30 days of receipt of the plan of correction: All staff persons will be educated on the designated meeting place away from the building, making notification to the fire alarm company prior to all fire drills and the requirement to record all fire drills in the home's fire drill record in accordance with regulation 2600.132(c). Documentation of education shall be kept 8-11-16 y*

Repeat Violation: Yes  Date(s) of Previous Violation(s): 06/30/2015 *et al*

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jalisco Davenport* Date *7-22-16*

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1's most recent medical evaluation was completed on 3/14/14.

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.

The administrator will print medical evaluations for the resident's doctors appointments with a current medication list for the doctor. If the designated staff person has a resident going out for a doctor's appointment, the staff person will check that the medical evaluation has a current medication list attached. If any medical evaluation comes back from the doctor's office incomplete, including without immunization history or missing dates, the designated staff person will call the dr.'s office staff to get it corrected by the doctor. This may involve rescheduling a follow up appointment. All documented medical evaluations will be completed with dates, immunization histories, and medication regimens attached and will be placed in the resident's file after inspected by the administrative assistant.

See page 10 ADFH

Repeat Violation: Yes

Date(s) of Previous Violation(s): 6-30-15 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

Julian Davenport

Date 6-7-16

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of 8-15-16  
(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: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST PENNSYLVANIA FIELD OFFICE  
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1's most recent medical evaluation was completed on 3/14/14.

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.

Within 15 days of receipt of the accepted plan of correction: Resident #1 will have an in-person medical evaluation completed.

Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Immediately: The Administrator or designated staff person shall develop and implement a checklist which includes all residents' current medical evaluations. A designated staff person shall review the checklist every month to ensure upcoming annual medical evaluations are scheduled for an in-person medical evaluation in a timely manner. A designated staff person shall review the completed medical evaluations immediately upon receipt to ensure the medical evaluation is completed in its entirety. Any medical evaluation found to be incomplete, shall immediately be returned to the physician, physician's assistant or registered certified nurse practitioner for completion. Documentation of the checklist shall be kept. 8-11-16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 6-30-15 only

Signature of Legal Entity Representative (Required on EVERY Page) *Jalena Dawn Port*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jalena Dawn Port      Date 7-27-16

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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

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JUN 13 2016

Page 1 of 11

Violation Report: 41371 - 05/26/2016 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 58 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Sumatriptan, 50mg, 1 tablet by mouth twice daily as needed for migraines. On 5/26/16, at approximately 3:30 p.m., the medication was not available in the home for administration.

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 put in a reorder call to the pharm that the same day that drug was delivered. The home is able to order medication before the medication is gone, however Insurance will not cover extra medication if reordered before its gone (considered extra), with out a re-order script from the doctor, or outside the medication coverage ~~area~~ period, furthermore we are also restrained by pharm delivery time with on demand medication

SEE PAGE 11 & 11

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

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

The above plan of correction is approved as of 8-15-16 (Date)

Plan of correction implementation status as of 8-15-16 (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: 41371 - 05/25/2018 - McConnell, Deb  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Sumatriptan, 50mg, 1 tablet by mouth twice daily as needed for migraines. On 5/26/15, at approximately 3:30 p.m., the medication was not available in the home for administration.

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.

Within 30 days of receipt of the accepted plan of correction: The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept in the staff record.

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications will complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration.

Within 30 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated on the home's policy and procedures for ordering and distribution of medications and the home's policy and procedures for ordering medications to ensure all prescribed medications, including as needed "PRN" medications, are available in the home for administration.

*From immediately: The administrator or designee qualified to administer medications will check resident #2's prescription to see if any refills are available. If any refills are available, the medication will be immediately ordered. If there are no refills available, the administrator or designee qualified to administer medications will contact the prescriber to see if the prescriber wishes to re-order or discontinue the medication. If the medication is re-ordered a current prescription order will be obtained and kept by the home. 8-11-16g*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Juliana Davenport*

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

*Juliana Davenport*

Date

*7-29-16*

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

The above plan of correction is approved as of 8-15-16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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