



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Mr. Alex Mains, Owner/Administrator
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department of Human Services' annual licensing inspection on April 15, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

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

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 13905 - 04/15/2016 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION

There is the original shipping plastic covering on the box spring of the bed closest to the door in room #1, and the box springs of both beds located in room #91.

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.

Effective immediately the Administrator will remove all plastic coverings from the box springs in the facility. The administrator will check each bed to insure each is fire-retardant.

Moving forward all new Mattresses and box spring will be checked by the administrator to ensure compliance before entering the bedroom.

RB

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains* Date *5/6/16*

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

The above plan of correction is approved as of *5/12/16*
 (Date)

Plan of correction implementation status as of *5/12/16*
 (Date)

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

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

Violation Report: 13905 - 04/15/2016 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #1's order for Latuda 40mg at 8am was discontinued on 4/12/2016. The medication was not given; however, staff initialed the medication administration record for Latuda 40mg at 8am on 4/13, 4/14, and 4/15/2016.

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.

Effective immediately, the Administrator will review all medications and the MAR to insure accuracy. In addition the care coordinator will review all new medications to make sure they are properly documented on the MAR.

The care coordinator was trained on how to review all new medication upon receipt 5/6/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Alex Mains</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Alex Mains</i>		<i>5/6/16</i>

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

The above plan of correction is approved as of <i>5/12/16</i> (Date)	Plan of correction implementation status as of <i>5/20/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 13905 - 04/15/2016 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted to the home on [redacted] 2016, has a preadmission screening form that is not 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.

Effective immediately the Administrator will review all current preadmission screenings to make sure all the pertinent information is present. In addition, the Administrator will review all new preadmission screenings for completeness.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains* Date *5/6/16*

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The above plan of correction is approved as of *5/12/16*
 (Date)

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

Plan of correction implementation status as of *5/12/16*
 (Date)

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