



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 28, 2017

Mr. Dennis W. Nebel, Psy.D.
Executive Director
Human Services Center
130 West North Street
New Castle, Pennsylvania 16101

RE: Caritas
2282 Old Princeton Road
New Castle, Pennsylvania 16101
License #441330

Dear Mr. Nebel:

As a result of the Department of Human Services' licensing inspection on April 22, 2016; April 28, 2016 and January 17, 2017, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

PCH Name: CARITAS
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101
Administrator: JAMIE COCHRAN

County: Lawrence
Region: WEST

Legal Entity Name: HUMAN SERVICES CENTER
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101

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Certificate(s) of Occupancy
R-4
07/09/2010
Code.sys Code Consulting

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WEST REGION FIELD OFFICE
Human Services Licensing

Staffing Hours
Resident Support: 0
Type of Inspection: Full

Total Daily Staff: 11
BHA Docket Number:

Waking Staff: 8
Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
04/22/2016: Georgoulis, Karen
04/28/2016: Georgoulis, Karen

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: 11
Number of Residents Served: 11
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: 7
Are 60 Years of Age or Older: 6
Have Mental Illness: 11
Have an Intellectual Disability: 0
Have a Mobility Need: 0
Have a Physical Disability: 0

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 4/22/16 at 10:30 a.m., a copy of the 55 Pa. Code Chapters 2600 and the home's most recent licensing inspection summary, dated 2/4/14 were not posted 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.

I have made RCG available for staff and residents on 4/25/2016 and also posted by most recent violations report and plan of corrections. In the future I will be sure to post my inspection report immediately upon receiving it. I will also ensure that the RCG is in a conspicuous area at all times.

Immediately - The administrator will post the most recent licensing inspection summary in a conspicuous and public place in the home. MS 3/20/17

Within 30 days of receipt of the plan of correction - The administrator or designated staff person will check the home weekly to ensure all required documentation including the most recent licensing inspection summary are posted in a conspicuous and public place in the home. MS 3/20/17

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
JAMIE COCHRAN Human Service Center Personal CARE administrator	12/28/16

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

The above plan of correction is approved as of	<u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by	<u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
On 4/22/16 at 10:20 a.m., agents of the Department requested staff records. However, the records were not stored on the property and not available. The administrator and staff records were not provided to the Department until 4/28/16.

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.

① as of 4.22.2016 the back up administrator and administrator ^{upon} will provide access to the inspector upon request. the staff ^{upon} ~~create~~ substitute administrator will have keys for all locked files in staff office.
② Plan of correction to have substitute administrator also have keys to locked files so they will be available for state inspection.

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) <u>JAMIE Cochran Personal Care administrator</u>	Date <u>12/28/16</u>

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The above plan of correction is approved as of 3/20/17
(Date)

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

Plan of correction implementation status as of 3/20/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress MS

Partially Implemented - Inadequate Progress

Not Implemented

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DEC 8 0 2016

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 4/22/16, at 10:00 a.m., a red and black duffel bag in the van used to transport residents. The following documents were unlocked and accessible in the side pocket of the duffel bag:
 * Resident demographic sheets with contact information, insurance information and medication administration records (MAR) with all medications and diagnosis for resident #1 dated 7/7/11, resident #2, dated 7/1/11 and resident #3 dated 7/9/14.
 * Resident demographic sheets with MARS dated 8/17/15 for residents #2, #4, #5, #6, #7, #8, and #9.
 On 4/22/16 at 11:35 a.m. unlocked and accessible in bottom drawer of the desk in the activity/TV room were copies of medical cards and documents that contained medical information on current residents residing in the home, to include, residents #7, #9, #10 and #11.

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.
 AS of 4.22.16 the administrator took all files out of the red and black duffel bag and put in file cabinet in locked office, a lock was also put on the duffel bags.

on 4.22.16 all of the medical cards and documents that were in a bottom drawer in activity/TV room were moved to staff's locked office.

There is also a copy of Record Access and Security Policy attached. Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records are confidential, kept safe and locked. ms 3/20/17

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) JAMIE COCHRAN Human Services Center Personal Care Administrator			Date 12/28/16

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Partially Implemented - Adequate Progress **ms**

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Not Implemented

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DEC 30 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The home is operating four boilers, two on the first floor and two in the basement. None of the home's boilers have been inspected, approved and been issued a certificate of operation by the Pennsylvania Department of Labor and Industry.

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.

on 11.18.16 [redacted] (Commissioned Boiler Inspector) inspected our boiler system and had our maintenance change around a few things on the system - He then came back on 12.22.16 to approve the changes. we are waiting for our certification to come.

Plan of correction state [redacted] will send certificate to be able to operate Boilers.

Immediate by the administrator will submit the boiler inspection certificate to the Department's Western Region Office. MS 3/20/17

The administrator will schedule an inspection of the boilers prior to the expiration of the boiler certificates once received. MS 3/20/17

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JAMIE COCHRAN Human Service Center Personal Care administrator	12/28/16

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DEC 30 2016

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen

DEC 30 2016

PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home provides financial management with the resident's petty cash. The home has not offered assistance to establish an interest-bearing account in the resident's name at a local Federally-insured financial institution for resident #1 who had a balance of more than \$200.00 for more than two consecutive months. From 11/10/15 through 3/30/16 resident #1's petty cash had a minimum balance was \$256.00.

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.

On 4.23.16 I spoke with the residents about putting some of their money into a bank account and we would help them to do that if they would like. I also included a document for each resident to sign if they wish to do so.

Resident #1's current balance is less than \$200.00.
MS 3/20/17

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 Human Service Center
(Required on EVERY Page) JAMIE COCHRAN Personal CARE administrator

Date 12.28.16

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Plan of correction implementation status as of 3/20/17
(Date)

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(Initials)

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home's 2015 quality management plan review did not address the review and evaluation for the following topics:

- * Reportable incidents and condition reporting procedures.
- * Complaint procedures.
- * Licensing violations and plans of correction, if applicable.
- * Resident or family councils, or both, if applicable.

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.

My plan of corrections is to put in place a mandatory staff meeting to review all policies for the house and residents. I also made a Quality Management Plan and attached it.

(2a) my plan of corrections was making an outline of the Quality management and reviewed this with all the staff. I also have a copy attached.

Immediately - The administrator will conduct a quality management review which includes reportable incidents and condition reporting procedures, complaint procedures, licensing violations and plans of correction and resident or family councils, or both if applicable. The review will be documented including the date of the review, who conducted the review, how the review was done, the findings and any follow-up action planned. ms 3/20/17

By 2/22/18 - The administrator will schedule and conduct a review of the quality management plan which includes all of the required contents of regulation 2600.26b. Documentation of the review shall be kept. ms 3/20/17

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) JAMIE COCHRAN Human Services Center Personal Care administrator Date 12.28.16

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Plan of correction implementation status as of 3/20/17 (Date)

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.27(d)(3) - The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in § 2600.27(a), personal care services.

2a. DESCRIPTION OF VIOLATION
Residents of the home including resident #1 are required to do their own laundry. Resident #1 receives SSI benefits.

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.

*My plan of corrections is to provide any resident ~~assistants~~ assistants with laundry or any other tasks that they may need assistants with at no charge to the resident.
I also provided a set of house rules with my plan of action for corrections.*

Immediately - no resident including resident #1 shall be forced to do their own laundry. Also, no resident shall be threatened or punished if they refuse to follow care plans established at Day Program which foster the residents independence and life skills to include washing their own clothes. ms spole?

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 Human Service Center
(Required on EVERY Page) *JAMIE Cochran* Personal Care Administrator Date *12-28-16*

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(Initials)

Plan of correction implementation status as of 3/20/17
(Date)

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 8 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person B has been the home's administrator since 11/2/15. However, there is no documentation that staff person B passed the Department-approved competency-based training test.

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.

My plan of correction is to complete the orientation program on January 13, 2017.

I have completed the 100 hours of standardized in June and July 2009. There is a copy of my certification attached.

Staff person B completed the Department-approved competency-based Training Test with a passing score. MS 3/20/17

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)

JAMIE COCHRAN Human Service Center Personal Care Administrator

Date *12/28/16*

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(Date)

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(Date)

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(Initials)

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not complete training in care for residents with dementia and cognitive impairments during the 2015 training year:

Direct care staff person D did not complete training in care for residents with dementia and cognitive impairments or safe management techniques during the 2015 training year:

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

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

Plan of correction for staff completing the training is to keep a record of all trainings for each staff. I also had the staff that did not complete the training make sure it was completed. I also attached a staff training record form to show how I keep track.

Staff person D completed training in safe management techniques on 3/16/17. Immediately staff persons C and D will complete training in care for residents with dementia and cognitive impairments. Documentation of training shall be kept. ms 3/20/17

Immediately the administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2016 training year. ms 3/20/17

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 *Human Service Center*
(Required on EVERY Page) *Jamie Cochran* Personal Care administrator Date *12.28.16*

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Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 4/22/16, there was a trash can with no lid in the large common use bathroom in the main hall. The trash can was approximately 1/4 full with paper towels and an empty water bottle.

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

*Plan of correction for trash cans was fixed on 4.23.16. New cans with lids were put in bathrooms and kitchen.
Within 30 days of receipt of the plan of correction - A designated staff person will check the home daily to ensure trash in kitchens and bathrooms is kept in covered trash receptacles.
ms 3/20/17*

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 *Human Service Center*
(Required on EVERY Page) *JAMIE COCHRAN Personal Care administrator* Date *12.28.16*

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Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

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 4/22/16, there was a 32 gallon trash can with no lid on the back porch. The trash can was approximately 1/4 full with pop cans, cigarette butts and paper towels.

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

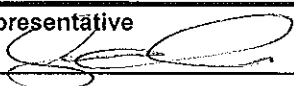
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan of correction on 4.23.16 was we removed the trash can completely. no more trash can on back porch. Staff will also check on back porch once a month to make sure no trash is out on porch.

Immediately - a designated staff person on each shift will check the home daily to ensure trash outside the home is kept in covered receptacles.
ms 3/20/17

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) Jamie Cochran Human Services Director
Personal Office administrator

Date 12.28.16

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(Date)

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(Initials)

Plan of correction implementation status as of 3/20/17
(Date)

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Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

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 4/28/16, the window blind in bedroom #1 has pieces of slats missing in the middle of the blind. The blind does not provide privacy when closed.

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

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

Plan of correction was that the blind in the bedroom was replaced with a new one by maintenance. Staff will check rooms once a month to make sure blinds are in working order and clean.

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 *Human Service Center*
(Required on EVERY Page) *Jamie Cohen Personal CARE administrator* Date *12-28-16*

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Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 30 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.109(a) - The home rules shall specify whether the home permits pets on the premises.

2a. DESCRIPTION OF VIOLATION

The home rules do not specify whether the home permits pets on the premises. There are currently two dogs on the premises.

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.

my plan of action on permitting a pet on the premises was to write new house rules and have each resident read over them and agree that they would like a dog as a house pet. So each resident read it over with me the administrator and signed it. Attached is a new copy of the house rules.
(2a) there is and has always only been one dog on the premises we do have a kennel that provides a service for people that board their dogs and cats. It is a business that human service center runs.

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 *Human Service Center*
(Required on EVERY Page) *JAMIE Cochran Personal CARE administrator* Date *12.28.16*

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 PCH Name: CARITAS

DEC 30 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
 Human Services Licensing

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 4/22/16 and 4/28/16 the home's emergency procedures and emergency preparedness plan for the municipality were not posted 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.

Plan for correction for the future was to post all emergency Procedures and emergency preparedness plan out in the front hall on bulletin board for all residents and staff to be able to read. Also had a meeting with all residents to go over the plan so they are aware of the procedures.
 This also was addressed in a staff meeting with all staff. I also attached the emergency Procedures

Immediately - The home's emergency procedures and the emergency preparedness plan for the municipality shall be posted in a conspicuous and public place in the home. MS 3/20/17
 within 30 days of receipt of the plan of correction - the administrator will check the home weekly to ensure the home's emergency procedures and the emergency preparedness plan for the municipality are posted in a conspicuous and public place in the home. MS 3/20/17

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) *Jamie Cochran* *Human Service Center*
Personal Care administrator Date *1/8/28/16*

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

The above plan of correction is approved as of 3/20/17
 (Date)

Plan of correction implementation status as of 3/20/17
 (Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's furnace was inspected on 11/3/14. However the next furnace inspection was not completed until 4/26/16.

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.

Plan of correction is to have our maintenance men check furnaces every six months and have a professional company come in once a year to inspect, I will keep a record on file of all inspections.

The home's furnace was inspected on 11/1/16. MS 3/20/17

By 8/1/16 - the administrator will schedule a furnace inspection to be completed prior to 11/1/16 by a professional furnace cleaning company or a trained maintenance staff person. MS 3/20/17

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 Human Service Center
(Required on EVERY Page) JAMIE COCHRAN Personal Care administrator

Date 12.28.16

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

- ① Plan of correction for the future is that there will be a fire drill once a month on each shift - by rotating each month and documenting. Also attached is the fire and fire drill policy.
- ② Plan of action if fire ^{smoke} alarm or smoke detector are not working staff will do 15 minute checks every 15 minutes until fixed.

The home's emergency procedures were revised to include the procedure that will be immediately implemented until the smoke detector or fire alarms are operable. MS 3/20/17

Immediately - All staff persons will be educated on the home's revised emergency procedures including procedures which will be implemented when a smoke detector or fire alarm is inoperable. Documentation of training shall be kept. MS 3/20/17

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 Human Service Center
(Required on EVERY Page) JAMIE COCHRAN Personal Care administrator Date 12.28.16

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

The above plan of correction is approved as of 3/20/17
(Date)

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

Plan of correction implementation status as of 3/20/17
(Date)

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 8 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert were conducted on 4/7/15.

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.

I as administrator have made several calls to the local fire chief without any success. I left several messages and no return calls. I am looking into another fire chief to come out and do annual inspection

Immediately- A fire safety inspection and fire drill conducted by a fire safety expert shall be completed. Documentation of this fire drill and fire safety inspection shall be kept. ms 3/20/17

within 30 days of receipt of the plan of correction the administrator will develop and implement a process and procedure to ensure a fire safety inspection and fire drill is conducted by a fire safety expert annually and documentation is kept.

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 *Human Service Center*
(Required on EVERY Page) *JAMIE Cochran Personal Care administrator* Date *12.28.16*

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

The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>MS</i>

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen

PCH Name: CARITAS

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

The home did not conduct any fire drills from 10/5/15 through 4/22/15.

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

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

Plan of correction was to make sure staff does fire drills each month. I as administrator had a training to let staff know the importance of having fire drills and to make sure all residents get out safe. We I am contacting a fire chief from the area to do annual fire inspections.

I have attached a copy of the fire drills that were conducted in 2015.

The home conducted fire drills as follows:

- 5/18/15 at 5:01 PM
- 6/5/15 at 9:00 AM
- 7/7/15 at 5:33 PM
- 8/15/15 at 7:01 PM
- 9/11/15 at 8:15 PM
- 10/5/15 at 7:00 AM
- 11-4/15 at 4:42 AM
- 12/6/15 at 5:00 PM MS 3/20/17

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, all residents are evacuated to a public thoroughfare and documentation of each fire drill is kept on a record which includes all requirements of regulation 2600.132c. MS 3/20/17

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: *JAMIE COCHRAN* Human Service Center Personal Care Administrator Date: *12.28.16*

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

The above plan of correction is approved as of 3/20/17 (Date)

Plan of correction implementation status as of 3/20/17 (Date)

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

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

DEC 30 2016

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

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's annual medical evaluation, signed by the physician on 6/22/16, does not indicate the date the resident's in-person medical evaluation or the date the form were completed. The temperature, allergies, health status and cognitive functioning sections were blank.

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.

Future plan of correction is to make sure administrator highlights all areas that the physician must fill out, and to educate the staff taking resident for evaluation.

Attached is a copy of the revised physical form.

Resident #13's medical evaluation was revised to include allergies, health status and cognitive functioning.

Immediately the administrator will schedule an in-person medical evaluation for resident #13 to be completed in its entirety including temperature and blood pressure. ms 3/20/17

Immediately - All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified nurse practitioner) who are permitted to complete a medical evaluation form. This will include when the medical evaluation form is incomplete or incorrect the medical evaluation will be corrected by the person who completed the form or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. Documentation of education shall be kept. ms 3/20/17

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) *JAMIE COCHRAN Human Service Center Personal Care administrator* Date *12/28/16*

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

The above plan of correction is approved as of 3/20/17 (Date)

Plan of correction implementation status as of 3/20/17 (Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 4/22/16, the home's posted menus identified "Week #1 & #3" and "Week #2 & #4". There are no dates indicated which menu is currently being used or the next weeks menu..

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

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

Plan of correction is to date all menus and make sure they are posted ^{properly} where residents can read them to see what is being served. I also had a meeting with the staff that prepares the menus to make sure they are dated and put out so residents are aware what is for dinner.

The current week's menu and a menu for the following week were posted in a conspicuous and public place in the home, ms 3/20/17

Immediately the administrator or designated staff person will check the home weekly to ensure the current week's menu and the menu for the following week are posted in a conspicuous and public place in the home including any menu changes, ms 3/20/17

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) Jannie Cochran Human Services Center
Personal Care administrator Date 12.28.16

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

The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>ms</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

DEC 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

The home does not post written changes of the menu; any changes are given verbally to the residents.

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

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

My plan for future corrections is to make sure staff writes down any changes in the menu in advance and post it for all residents to read. Also is attached is a change in menu form for staff to use when making changes to the menu.

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)

JAMIE COCHRAN Human Service Center
Personal Care Administrator

Date 12/28/16

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Cephalexin 500mg capsule, take one capsule at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. Resident #1's April medication administration record (MAR) does not include a diagnosis or purpose for the prescribed medication. The resident's MAR indicates the medication is to be administered at 12:00 a.m. instead of the prescribed 12:00 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.

Plan of correction ~~is to~~ to have the Pharmacy make sure they put 1-13 on the MAR sheets when they deliver medications. We also had a medication training for all staff to refresh on how to administer meds make sure they initial all medication given and the times.

The staff was also trained on making sure medication and med sheets match before administering medications.

staff training was completed on 3/20/17, ms 3/20/17

within 30 days of receipt of the plan of correction - A designated staff person qualified to administer medications will check all resident MARs at least monthly to ensure all prescribed medications are documented on the MARs including a diagnosis or purpose for each medication and administration times. ms 3/20/17

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 *Human Service Center*
(Required on EVERY Page) *JAMIE COBRAN Personal Care administrator* Date *12.28.16*

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen

DEC 0 2016

PCH Name: CARITAS

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 #1 is prescribed Cephalexin 500mg capsule, take one tablet at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. The resident's April, 2016 MAR was not initialed by the staff member who administered the medication on 4/23/16 at 12:00 p.m.

Resident #12 is prescribed Fluoxetine 20mg capsule, take one capsule at 8:00 a.m. The resident's April, 2016 MAR was not initialed by the staff member who administered the medication on 4/10/16 at 8:00 a.m.

Resident #13 is prescribed Lisinopril 5mg tablet, take one tablet at 8:30 p.m. The resident's April, 2016 MAR was not initialed by the staff member who administered the medication on 4/10/16 at 8:30 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.

Plan of action for correction ~~was~~ ^{is} to have medication training for all staff by a certified trainer for medication. The trainer went over how important it is to make sure all medications are given on time and to make sure everyone signs off on the medications given. I also attached the certification of the trainers and policies and procedures for administering medications.

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 *Human Service Center*
(Required on EVERY Page) *JAMIE Cochran Personal Care Administrator*

Date *12/28/16*

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff C's most recent medication administration annual practicum was completed in 2014 and is not qualified to administer medications. However, direct care staff C has administered medications on 4/20/16 through 4/21/16 and 4/27/16, to resident #1 at 4:00 p.m. and 8:30 p.m. and residents #12 and #13 at 4:30 p.m. and 8:30 p.m.

Direct care staff D's most recent medication administration annual practicum was completed in 2014 and is not qualified to administer medications. However, direct care staff person C administered medications on 4/2/16, 4/9/16, 4/16 and 4/23/16 at 8:00 a.m. to residents #1, #12 and #13.

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.

① Plan of correction is to have on hand the certification of DPW medication Administration.
② Plan of correction staff C had training by a certified trainer for medication administration. all staff was retrained on medication administration, staff persons C and D received medication administration training on 2/2/17. ms 3/20/17
Immediately - no staff person shall administer medications until they have met the requirements of regulation 2600.190a. Documentation of training shall be kept. ms 3/20/17
Immediately - the administrator will review all medication administration training records as part of the quality management review to ensure all staff persons continue to meet the qualifications to administer medications. ms 3/20/17

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) *Janine Cochran* Human Services Center Personal Care Administrator Date *12/28/16*

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

The above plan of correction is approved as of 3/20/17 (Date)

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

Plan of correction implementation status as of 3/20/17 (Date)

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen

PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated on the resident's right to question or refuse medication, if the resident believes that there may be a medication error.

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.

① Future plan of correction was to inform all residents they have the right to refuse medication. I as the administrator of the home went over refusal of medications with residents and had them sign a document saying they understand.

② I also educated every resident on the right to refuse a medication if they wish too at anytime
a refusal form is attached.

Resident #1 was educated on the right to question or refuse a medication if he/she believes there may be a medication error and documentation of this education is in the resident's file. ms 3/20/17

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)

Human Services Center
Personal Care administrator

Date 12.28.16

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

DEC 9 2016

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen

PCH Name: CARITAS

NORTH REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

Resident #12 was admitted to the home on [redacted] 15. However, there is no documentation a preadmission screening was completed for resident #12.

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.

① Plan of action on the correction is to make sure all of preadmission screening is done by myself or my sub-administrator when someone new enters our facility. And to make sure all paper work is completed when they come in to our facility.

② I as administrator finished all documentation on this resident #12. A preadmission screening form for resident #12 was completed on 12/15/16 by the administrator. ms 3/20/17

Immediately the administrator will review all resident records to ensure each resident has a preadmission screening completed by the administrator or designee. ms 3/20/17

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) *Human Service Center*
JAMIE Cochran *Personnel Administrator* Date *12/28/16*

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

The above plan of correction is approved as of 3/20/17 (Date)

Plan of correction implementation status as of 3/20/17 (Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #12's initial assessment, dated [redacted]/15, does not include an assessment of the resident's needs for using the telephone, medical diagnosis or needs, dental needs, mental health diagnosis or needs behavioral, or cognitive needs for hallucinations, communication of needs, understanding instructions or short/long term memory needs. These sections were blank.

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.

① Plan of correction is to make sure all documentation is completed within the time period allowed, as the administrator I will make sure everything is completed.

② Plan of correction I as administrator went over the assessments of the residents needs and completed with resident #12.

Immediately - A resident assessment - support plan will be completed in its entirety for resident #12 including all of the resident's diagnoses. MS 3/20/17

Immediately - The administrator will review all current resident assessments to ensure accuracy and completion in its entirety including diagnoses. MS 3/20/17

within 30 days of receipt of the plan of correction - All staff persons completing assessments will be educated regarding completion of each section, accuracy of the document and required timeframes for completion. Documentation of training shall be kept. MS 3/20/17

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 *Human Service Center*
(Required on EVERY Page) *JAMIE COCHRAN Regional Care Administrator* Date *12.28.16*

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # 1's annual assessment, dated 6/13/15, does not include an assessment of the resident's behavioral and cognitive need for hallucinations, this section was blank.

Resident #2's annual assessment, dated 7/15/15, does not include an assessment of the resident's needs for writing correspondence, this section was blank.

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.

① Plan of action is to make sure assessments are done in a timely manner. The administrator prior to me taking over didn't take care of this issue, so from this point forward I will make sure the annual assessments are completed.

② Plan of action for future when taking over as an administrator to make sure all paperwork is completed in a timely manner.

An annual assessment for resident #1 was completed in its entirety on 6/9/16.
An annual assessment for resident #2 was completed in its entirety on 6/6/16. ms 3/20/17

Immediately the administrator will review all resident records to ensure all resident assessments are completed within the required timeframe and completed in their entirety. ms 3/20/17

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 *Human Service Center*
(Required on EVERY Page) *JANIE COCHRAN Regional OAR Administrator* Date *12.28.16*

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

The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted [redacted] 13; however, the residents record did not include, the prescreen, the initial medical evaluation or the annual medical evaluations for 2014 or 2015.

Resident #12 was admitted [redacted] 15; however, the resident's record did not include a current picture or the initial medical evaluation.

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.

① Plan of corrections is to make sure all residents that reside here have all documentation that is required by the state. It is my job as the administrator to put in place all paperwork needed to ensure that everything is documented and signed if needed by the residents.

②a Plan of correction is to go back and make sure I fix any error that was made by the previous administrator or myself is put in the resident #'s file. And Resident #12 has a current picture in their file.

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)

Human Service Center

JAMIE COCHRAN Personal Care administrator

Date 12/28/16

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

The above plan of correction is approved as of 3/20/17
(Date)

Plan of correction implementation status as of 3/20/17
(Date)

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

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

DEC 30 2016

Violation Report: 44133 - 04/22/2016 - Georgoulis, Karen
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

On 4/28/16, staff person B, the homes administrator, indicated the home has destroyed resident records since October 24, 2015. However, the administrator was unable to provide a log that included the resident's names, record number, date of birth, admission and discharge dates.

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

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

- ① Plan of action for future record destroying is to document on a form that is attached.
- ② Plan of action to fix problem is to document on the form everytime something is destroyed.

Immediately - All staff persons involved with destroying records will be educated on the process and procedure including documentation of the resident's name, record number, birth date, admission date and discharge date on the newly devised form developed by the home. Documentation of training shall be kept. MS 3/20/17

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
JANE COCHRAN Personal Care Administrator	12-28-16

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

The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented



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

PCH Name: CARITAS		License Number: 44133
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Jamie Cochran		Region: WEST
Legal Entity Name: HUMAN SERVICES CENTER		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy R-4 07/09/2010 Code.sys Code Consulting		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 01/20/2017: Evegés, Joseph; Barone, Barbara; Mulick, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>FEB 24 2017</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 11 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 6 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

FEB 24 2017

Violation Report: 44133 - 01/20/2017 - Eveges, Joseph
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, B, E and F did not complete training on medication self-administration and care for residents with dementia and cognitive impairments during the 2016 training year.

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

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

2600.65(f) SEE ATTACHED FORM. (1-7)

(1) MEDICATION TRAINING FOR ALL STAFF WAS DONE ON 2.2.17 (SEE ATTACHED FORMS)

(2a) SEE ATTACHED FORMS.

Training in care for residents with dementia and cognitive impairments is scheduled for 3/15/17. Documentation of training shall be kept. MS 3/20/17

Immediately - the administrator will review all staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65f during the 2016 training year.
MS 3/20/17

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)	Personal Care Administrator CARITAS	Date 2.24.17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/20/17</u> (Date)	Plan of correction implementation status as of <u>3/20/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress MS <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44133 - 01/20/2017 - Eveses, Joseph
PCH Name: CARITAS

FEB 24 2017

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's last fire drill was conducted on 5/19/16. No fire drills have been held since this date.

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

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

① STAFF MEETING WAS HELD TO MAKE SURE FIRE DRILLS ARE BEING DONE BY STAFF EVERY MONTH. FIRE DRILLS FOR JANUARY AND FEBRUARY WERE DONE, JAN 20 @ 5pm AND Feb 15 @ 11:52 A.M, 4:40 PM MS 3/20/17

② FIRE DRILLS ARE BEING DONE SEE ATTACHED - ALSO FIRE SAFETY TRAINING WILL BE DONE 2-28-17 BY [REDACTED] (Chief) OF SLIPPERY ROCK FIRE DEPARTMENT.

Immediate by - 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, all residents are evacuated to a public thoroughfare and documentation of each fire drill is kept on a record which includes all requirements of regulation 2600.132c. MS 3/20/17

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) JAMIE COCHRAN Personnel Care Administrator
CARITAS

Date 2-24-17

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

The above plan of correction is approved as of 3/20/17 (Date)

Plan of correction implementation status as of 3/20/17 (Date)

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

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

FEB 24 2017

Violation Report: 44133 - 01/20/2017 - Eveges, Joseph
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A's most recent medication administration annual practicum was completed in December 2014. However, direct staff person A administered Escitalopram 10mg tab to resident #5 at 8:00 a.m. on several occasions to include the following dates:

- 12/1/16
- 12/5/16
- 12/6/16
- 12/7/16
- 12/8/16
- 12/9/16
- 12/12/16
- 12/13/16
- 12/19/16
- 12/23/16

Staff person B's most recent medication administration annual practicum was completed in December 2014. However, staff person B administered Levothyroxine 125mcg tab to resident #5 at 6:30 a.m on 12/12/16.

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.

① Medication TRAIN WAS Completed by [redacted] AND SHE Completed JUNE 21-2016.

② STAFF A completed the medication TRAINING ON 2.3.17 - SEE ATTACHED FORMS.

Staff person B completed medication administration training on 2/2/17. ms 3/20/17

Immediately - No staff person shall administer medications until they have met the requirements of regulation 2600.190a. Documentation of training shall be kept.

Immediately - The administrator will review all medication administration training records as part of the quality management review to ensure all staff persons continue to meet the qualifications to administer medications. ms 3/20/17

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) Personal Care Administrator
JAMIE Cochran CARITAS

Date 2.24.17

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

The above plan of correction is approved as of 3/20/17 (Date)

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

Plan of correction implementation status as of 3/20/17 (Date)

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