



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

Mr. John Paul Marosy, Regional Director of Operations
Care HSL Belle Reve OPCO LLC
404 East Harford Street
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center
License #: 225130

Dear Mr. Marosy:

As a result of the Department of Human Services' annual licensing inspection on April 26, 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 that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 15. The facility did not develop a contract with the resident until 2/23/15. A contract is required to be developed upon admission.

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 primary benefit is to specify the obligations of the home to the resident and the resident to the home. Resident #1 was admitted to the facility on [redacted] 2015. On this date, the respite/short term agreement was entered into. On [redacted] 2015 the resident and the facility entered into a long term agreement. The original short term agreement reflecting admission date of [redacted] 2015 was removed from resident #1 chart leaving only the long term agreement which reflected admission date of 02/23/2015. Removal of the original short term agreement from the chart gave an appearance of no agreement being entered into until [redacted] 015. The original short term agreement was faxed to DPW. In addition, the facility will file the original short term agreement back into the chart of the resident. This will reflect the original entrance date of [redacted] 2015. The facility will use an admission checklist system to ensure all documentation is complete. The facility will keep both long term and short term agreements on the residents' charts. The Executive Director or the Business Office will be responsible for placing both short and long term agreements on the resident's charts.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin* PCH Personal Care Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR Date 05/13/16

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

The above plan of correction is approved as of 5/21/16
 (Date)

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

Plan of correction implementation status as of 5/21/16
 (Date)

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

Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2000
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The following staff did not have the required 12 hours of annual training
 Staff person "A" DOH [redacted] had 7.5 hours of annual training 9.86 hours for training year 01-01-15 thru 12-31-15.
 Staff persons "D" DOH [redacted] -14 and Staff person "E" ([redacted] DOH [redacted] 4 did not have any record of annual training for the training year 01-01-15 thru 12-31-15.

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.

This regulation is important to assure that all staff are properly trained for their job duties. Three of the employee files revealed that staff did not receive the required 12 hours of annual training. This was a scheduling oversight by the previous Resident Care Director. Staff has a schedule posted in the computer room and in the office for the year on our redi learning computer based program that they can access on their own. Several in-services are offered along with the redi learning program. The staff will also be given a monthly list of the in services to complete so there is better compliance. The RCD will run reports on a monthly basis to ensure all staff is completing the required in services in a timely manner.

The administrator shall monitor and assure ongoing compliance

M
5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joaquin</i> <i>Personal Care Administrator</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
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The above plan of correction was approved by (Initials) <u>M</u>	<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: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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

The emergency telephone numbers required by this regulation were not posted on or by telephones with outside lines at the following locations: third floor Memory Care Unit Director's office, third floor Memory Care Unit medication room, second floor personal care aide office, first floor laundry room and the outside front porch phone.

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.

Regulation 2600.91 assist all residents and staff with emergency contact information. This document can save valuable time during any emergency situation. During the audit there were 5 phones noted with this information missing. The information wasn't attached to or near the phones during the time if the audit. New phones had just recently been installed throughout the facility and the task of attaching this information either to or near the new phones had been missed. Also some phones had been relocated to new locations which gave the opportunity for misplaced documentation. The information has been placed on a small laminated index card that will either be attached to the phone cords so it will go with the phones no matter where it is located or the document will be mounted near the phone.

During General Orientation all employees are being told to notify maintenance immediately if any of the documents are noticed to be missing from any phone. They are also being told to log this information in the Maintenance work order book. Maintenance will check all common Belle Reve Phones for the attached list of phone numbers, maintenance will also tour each department with its perspective manager to have them sign an inspection form acknowledging each phone have the required document attached to it. After the initial inspection this task will be performed quarterly. It will be added to the TELS maintenance log as a reminder to complete. Maintenance will accept the responsibility of completing the quarterly inspections but department managers will be responsible to assure the documentation stays attached to each phone within their department.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Joaquin</i> Personal Care Administrator		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located on the third floor in the Memory Care Unit was missing 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.

This regulation is important to ensure that a fully stocked first aid kit is available at all times. The kit on the Memory Care neighborhood was missing a thermometer. A thermometer was replaced and a zip tie attached so when the kits are checked, we will know if it was opened and can take inventory and replace the missing contents. The medication techs will be responsible to check the first aid kit nightly to ensure that it is secured, the Resident Care Director or designee will check the kits monthly on rounds to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodi Joaquin exc Personal Care Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR	Date 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2600
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the third floor Memory Care Unit was in a room labeled with a white and green sign "FIRST AID KIT" at time of inspection. The first aid kit was moved to another key locked closet in a hall way near the Memory Care Unit activity room. It took a period of time to locate the first aid kit and staff with a key were not immediately available to access the first aid kit.

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 first aid kit was moved to a locked closet and the signage was not removed from the office door where it had previously been. The first aid kit was moved to the Memory Care kitchen on top of the refrigerator. The kitchen has a locked Dutch door which is easily accessible by the staff, but not to the residents. The medication tech will be responsible to check the location nightly when making rounds. The Resident Care Director or Designee will also check on monthly rounds for the location of the kit.

The administrator shall monitor for ongoing compliance.
[Signature]
 5/21/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

J. Joaquin Personal Care Administrator

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

J. JOAQUIN PERSONAL CARE ADMINISTRATOR

Date

05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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
 The overhead light above resident #1's bed in bedroom 319 and the bedside lamp in bedroom 216 near resident #2's bed were not operable and therefore a source of lighting was not accessible 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.

Regulation 2600.0101(j)(7) is important for the safety of the resident when waking during dark/night hours to assure their safety with access to light. During our audit the pull switch on the over bed light in room #319 was not operational, the switch had been repaired/replaced prior to the departure of the inspector. The bed side lamp in resident room 216 #2 had a burnt out bulb, the bulb was replaced prior to the departure of the inspector.

It was determined that the cause of the violation in resident room #319 was a switch that had a mechanical failure in one of the 4 positions of the switch. (position 1, bulb #1 on, position 2 bulb #1 & 2 on, position 3 bulb #1,2, & 3 on, position 4 is off). The switch was replaced immediately. Resident room #216 had a burn out incandescent bulb, the bulb was replaced immediately. Both citations were repaired immediately prior to the inspector leaving the facility. A Preventative Maintenance procedure has been created and implemented to perform a random inspection of bed side lamps in resident rooms on a daily basis. The procedure and inspection form are attached.

The maintenance director or the maintenance helper will perform the inspections on a daily basis. All staff will still be responsible for placing any and all non-working equipment (including lights/lamps) in the maintenance work order book for repairs.

The administrator shall monitor and assure ongoing compliance in 5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin POC Personal Care Administrator*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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

The Hotpoint refrigerator located in the second floor kitchenette area of the Activity/TV room contained various food items in the refrigerator and freezer compartments. The refrigerator temperature had a reading of 45 degrees Fahrenheit and the freezer compartment thermometer had a reading of + 10 degrees Fahrenheit. Both readings were above the temperatures required by this regulation.

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.

This regulation is important to prevent harmful bacteria growth on the food that is being stored in the refrigerator/freezer. The violation was caused by failure to have thermometer in place and failure to monitor the temperature. The violation was caused due to lack of communication between departments as to who was supposed to monitor the temperature. The violation was fixed immediately by placing a new thermometer in place and assigning dietary the responsibility of monitoring the temperature. In order to prevent future violations all dietary employees will be in serviced the correct method of checking and documenting the refrigerator temperature. The dietary manager or designee will be in charge of making sure that this is done correctly on a daily basis.

• The administrator shall monitor and assure ongoing compliance.

[Signature]
5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i> Personal Care Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR	Date 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

A lint removal log maintained in the first floor laundry room indicates that lint is not removed from the facility clothes dryers after each use. On 4/26/16 the log indicated that 6 loads of personal care unit clothing had been done in addition to 11 loads for the Skilled Nursing unit. The 4/26/16 log indicated that the lint had been removed by staff only once at 7:25AM. On 4/25/16, a total of 26 loads of clothing were dried, 7 for personal care unit and 19 for the skilled nursing unit. The lint removal log shows that lint was removed at 6:00 and 12:55. Staff also confirmed that lint is not removed after each use.

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.

Regulation 2600.105(g)(1) is important to assure that a lint fires do not occur in the dryers between loads. It also helps with the performance of the dryers allowing free flowing air in and out of the dryers. The main laundry room had an inspection sheet showing the lint screens to be cleaned only a few times a day and not after every load. Not having the proper process in place to assure that the lint screens are cleaned after each load and not just periodically has caused this citation.

- An in-service has been given to the laundry staff highlighting the importance of having this procedure in place. The inspection sheets now show how many time the lint screens are being cleaned (after each load) on a daily bases. The laundry staff has been educated (in-serviced) to assure this task is performed. The inspection sheet will now show the Lint screen/trap to be cleaned after each load is dried. The Housekeeping supervisor will have the task of assuring this procedure is performed and documented for every load of laundry dried.

The administrator shall monitor and assure ongoing compliance.
J. Joaquin
 5/21/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *J. Joaquin enc Personal Care Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **J. JOAQUIN PERSONAL CARE ADMINISTRATOR** Date **05/13/16**

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

Violation Report: 22513 - 04/26/2016 - @Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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 fire drill conducted by Croker Fire Safety Corporation on 12/23/15 at 11:50PM took 8 minutes and 5 seconds but was recorded incorrectly on the home's fire drill log as 8 minutes and 0 seconds.
 The fire drill conducted at the facility on 3/25/16 at 5:35AM by Croker Fire Safety Corporation was not recorded on the home's fire drill log as a fire drill that took resident's 9 minutes and 12 seconds to complete.

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.

Regulation 2600.132© is important for keeping an accurate record of all proceedings during an emergency situation. It is important for all document information to be correct and accurate on all forms to assure the safety of all residents and employees and to also verify any information during an investigation concerning any property loss or damages. While the maintenance director was writing information on the fire drill log an error occurred on an entry, the entry was darkened out and the correct information was never added in its place leaving only the verbiage "seconds" without any numerical number placed in front of the word "seconds" where it should have been placed.

Human error caused this Citation, while performing transcription of information from one document to another. The letter "S" was mistaken for a numeric number "5". To immediately correct this issue the maintenance director placed the number "5" in front of the word "Seconds" on the documentation and initialed the error. I also made copies of the before and after documentation for verification of the correction. Moving forward the maintenance Director will have the maintenance helper proof read and verify that the information entered on the log sheet is accurate and correct. In addition a copy will also be sent to Corporate for their inspection and approval.

The fire drill conducted on 3/25/2016 @5:35am for 9 minutes and 12 seconds was not entered into the log due to the Maintenance director having a misunderstanding of the regulations. It was believed that only drills that passed were entered into the log and failures were attached to the documentation of the re-run drill that passed. Moving forward every drill pass or fail will be entered into the Fire Drill Log.

The administrator shall monitor and assure ongoing compliance. m 5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Joaquin ewc Personal Care Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR	Date 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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 fire drill conducted by Croker Fire Safety Corporation on 3/25/16 at 5:35AM took 9 minutes 12 seconds to complete an evacuation of residents. The evacuation time was not within the period of time specified in writing by the fire safety expert of 9 minutes in a letter dated 5/6/15.

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.

Regulation 2600.132(d) is important to assure the building is inspected by a fire safety expert annually to assure nothing has changed within the building or its structure since the last inspection. During the audit a citation for the fire drill performed on 3/25/2016 @5:35am by Croker Fire exceeded the time allotted by 12 seconds. The drill was then re-run within a 24 hour period which achieved a passing time.

Documentation shows that possibly placing additional staffing or a balance of new and older seasoned employees may have helped the time situation. The drill was re-run within a 24 hour period, a passing time was achieved during the second drill. To help assure this issue does not reoccur all employees have been retrained in fire safety and the procedures and protocols of the facility, also during orientation training the maintenance director reviews all fire procedures for the facility and each department head will assure their staff is further aware and prepared for all emergency situations.

The administrator shall monitor and assure ongoing compliance -

m
 5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin ewc Personal Care Administrator*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident # 1 completed on 3/7/16 does not include the resident's height, the medical professional's signature or license number.

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

It is important to properly notify the MD when the DME is not complete. This violation occurred when residents DME was not filled in completely by the physician. The DME was faxed to the physician the date of survey for correction and faxed back the same day. All DMEs will be reviewed by the Resident Care Director or designee for completeness and accuracy at the time of admission. Chart audits will be done monthly to monitor for completeness by the Resident Care Director or her designee

The administrator shall monitor for ongoing compliance. m 5/21/16

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Joaquin ewc Personal Care Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR	Date 05/13/16
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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
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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 most recently had a medical evaluation completed on 3/7/16. The resident's previous medical evaluation was completed on 1/29/15

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.

It is important that the residents be seen by their physician yearly to monitor their health status. This was violated because the resident was originally admitted for a respite stay on February 19, 2015. The resident was seen by his MD on 01/29/15. The resident then became a long term stay on 02/23/2015 and the dates were not changed in our Tabula pro system to reflect this, thus causing the dates of his annual DME to be off. The resident was seen by his primary on 03/07/16. All DME's dates were added to the Tabula Pro system for accuracy to prevent future errors. The Resident Care Director and her designees will review the calendar monthly to determine which residents are due for their annual physicals and notify the families early so they can schedule their loved ones appointment in a timely manner.

*The administrator shall monitor for ongoing compliance - m
 5/21/16*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin* Personal Care Administrator

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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

The above plan of correction is approved as of 5/21/16
 (Date)

Plan of correction implementation status as of 5/21/16
 (Date)

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

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

Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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
 The two menus posted on the activity board next to the TV viewing area in the third floor Memory Care Unit were for the weeks of Sunday, 4/10/16 to Saturday, 4/16/16 and Sunday, 4/17/16 to Saturday, 4/23/16. There was no menu posted for the current week of Sunday, 4/24/16 to Saturday, 4/30/16 and the one week in advance from Sunday, 5/1/16 to Saturday, 5/7/16.

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.

This regulation is important to enhance the quality of life for the residents, and to also eliminate confusion as to what the meal is going to be. It also gives the residents a chance to make a choice about which meal they would like to be served. This regulation was violated because the wrong weeks were posted. The violation was caused because the dietary department failed to post the current menus in a timely manner. The violation was fixed immediately by the dietary department posting the correct menus. To prevent future violations all dietary employees will be in serviced the correct method of ensuring that the menus are correctly posted. The dietary manager of designee will be responsible for ensuring that the correct menus are posted.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin P.C.A. Personal Care Administrator*

Printed Name and Title of Legal Entity Representative: J. JOAQUIN PERSONAL CARE ADMINISTRATOR Date: 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER


1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident # 2 is prescribed Novolog. The Novolog pen was opened on 3/15/16. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the medication. This medication was currently being administered to the resident.
 Resident # 6's Advair Inhaler, Inhale 1puff 2 times a day for SOB, was not dated at the time the medication was opened. The manufacturer directions are to discontinue use 30 days after opening the medication.

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 regulation is to assure that only current prescribed medications are available to administer to the resident. This was violated due to residents medications with time frames to expire, were not discarded at the correct time after opening. The med carts were checked for any other expired meds and the staff were in serviced about expiration dates for certain medications. The med techs have a medication cart audit tool that is done on the night shift according to the schedule. This audit will be monitored by the Resident Care Director or her designee for QA.

The administrator shall monitor and assure ongoing compliance in 5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>J. Joaquin</i> Personal Care Administrator		
Printed Name and Title of Legal Entity Representative J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16
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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed 4 round white pills all different sizes located at the bottom of the medication cart. It was not able to be determined what each medication was or which resident/s these medications are prescribed to.

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.

This regulation is to ensure that medications are stored properly. This regulation was violated because several pills were found at the bottom of the medication cart. The med cart is packed too tight and the bubble cards were tearing causing meds to fall out of their original packaging. The med carts were checked to make sure no other loose meds were found. We had new, larger med carts ordered from Trinity Pharmacy. Which were delivered on April 27th. We split the two floors up allowing for much more room in the carts to prevent further loose pills. The med carts will be checked nightly for any loose medications. The Resident Care Director will do spot checks weekly.

The administrator shall monitor for ongoing compliance.
 M
 5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joaquin</i> Personal Care Administrator		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16
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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Located in the medication cart was a blister package containing Alendronate Sodium tablets 70mg. The blister package does not have a pharmacy label and also is not labeled with the resident's name that the medication is prescribed to.

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.

This regulation is important to have properly labeled medication with all the required information to assure proper administration. The unlabeled blister pack, containing two pills was removed from the cart immediately and destroyed per protocol on 04/26/2016. The med techs were in serviced on 05/05/2016 on not accepting un labeled meds from the residents or thei families and to identify all medications using the 5 rights of medication administration. The Resident Care Director or designee will conduct monthly audits and PRN cart audits for compliance.

The administrator shall monitor and assure ongoing compliance.
M
5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin, RNC Personal Care Administrator*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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 #3 is prescribed to have the resident's blood glucose level tested every morning before a meal. On 4/24/16 at 5:43am the resident's blood glucose level was tested at 99. The facility did not document this reading on the resident's Medication Administration Record (MAR).
 Resident #7 did not have a diagnosis or purpose listed with his/her's following medications: Latanoprost 50 ML, one drop each eye one time daily, Flavocoxid tab. 50 mg tab. Take 1 tab by mouth 1 time daily, Loratadine tab. 10 mg tab to be taken by mouth once a day, Probiotic cap. Take 1 25 mg cap 2 times a day, Saw Palmetto 1 tab daily, 1000g, SFG by mouth and Ipratropium Sol. Albuterol, nebulizer 4 times a day and as needed.
 Resident # 8's Diazepam cap. take one 20 mg. tab. by mouth one time a day.

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

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

See attached

Curtis

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin* *Personal Care Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **J. JOAQUIN PERSONAL CARE ADMINISTRATOR** Date **05/13/16**

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2600.187(a)

Cont

pg 18-23

It is important to properly document and to maintain the resident's medical records. The med tech failed to document the blood sugar from 04/24/2016 at 5:43 am. All staff who administers medications, including providing an Accu-Check will be educated on the importance of properly transcribing the correct readings from the glucometer to the E-MAR. Weekly spot checks will be done by the Resident Care Director or her designee to ensure ongoing compliance.

Several diagnoses were missing from the medication orders. All orders are being reviewed and updated for the diagnosis. Staff will be in serviced to look at all orders for the reason it is being given. If a diagnosis is missing, the staff will fax the MD for clarification and then fax the information on to the pharmacy, or report the missing diagnosis to the Resident Care Director or LPN so it can be added to the MAR. Monthly reviews of the MARS will be conducted using the MAR audit tool. This will be done by the Resident Care Director or her designee.

- The administrator shall monitor and assure ongoing compliance.

JJ
5/21/16

Jodie Joaquin Personal Care Administrator

J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 8 's Tussin Cough medication and Placebo Tab. to be taken as needed for SOB. was not on hand and available for the resident.

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.

It is important to assure that all residents receive the proper services and medications as ordered by the prescriber. The staff failed to follow up on the order to ensure that we had it in the facility. The pharmacy was notified and the missing meds were sent out with the next delivery. A "new order" book will be implemented and kept in the office. When a new order is received, the med techs will place a copy in the book. At shift change, the med techs need to check for any new orders and ensure that they were faxed to the pharmacy and profiled on the MAR and then that they were received with the next delivery. The RCD or designee will follow up daily with all new orders to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

m
5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joaquin* Personal Care Administrator

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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
 The pre admission screening form completed on 11/11/15 for resident # 4 does not indicate whether the resident is safe with poisons.
 The pre admission screening form completed on 9/23/15 for resident #3 does not indicate that the resident's personal care needs can be met by the services provided at the facility.

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

It is important for the home to determine if they can meet the needs of the residents according to the prescreening form prior to moving into the home. The prescreen for two of the residents dated 11/11/2015 and 09/23/2015 was not complete. The section on safely handling poisonous materials and that we can meet the needs by the services we provide were not filled in. The missing information was added and dated to reflect a late entry. The prescreens are conducted by various admission staff in the absence of the Resident Care Director. All admission staff will be educated on the correct way to fill out this form. In the future, all prescreens will be reviewed by the Resident Care Director prior to the resident move in to ensure the facility can meet their needs.

- The administrator shall monitor and assure ongoing compliance in 5/21/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Joaquin* Personal Care Administrator

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #5 was admitted to the Secured Dementia Care Unit on [redacted] 16. The medical evaluation completed on 4/13/16 for the resident does not indicate the need for secured care.

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.

It is important to have a medical evaluation completed in its entirety prior to moving into the secured dementia neighborhood. This was not done on resident #5 admitted on [redacted] 2016. The form was immediately faxed to the physician for correction and placed in the chart. All forms, prescreens and DME's will be reviewed by the Resident Care Director and admissions staff to ensure the forms are complete. Chart audits will be done monthly to ensure compliance.

The administrator shall monitor for ongoing compliance.
m
 5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joaquin</i> Personal Care Administrator		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16

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Violation Report: 22513 - 04/26/2016 - O'Haire, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa. Code §2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on [redacted] 15. The facility completed an initial assessment of the resident's personal care needs on 2/21/15, which indicated the need for secured care. The facility has not completed an annual assessment of the resident's needs as well as the continuing need for secured dementia care.

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.

It is important to assess the residents annually for the continuing need for the secured dementia unit to ensure proper placement and that their needs can be met by the facility. The annual assessment was not complete. The resident was originally admitted for a respite stay on [redacted] 2015. This turned into a long term stay. We are now utilizing a web based program to ensure timeliness of all assessments for all our residents to ensure continued placement in the In the secured unit. Monthly audits will be done by the Resident Care Director or designee to ensure compliance.

The administrator shall monitor and assure ongoing compliance.
Jm
5/21/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

Joaquin *Personal Care Administrator*
J. JOAQUIN PERSONAL CARE ADMINISTRATOR **05/13/16**

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Violation Report: 22513 - 04/26/2016 - O'Hara, Anne
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the secured dementia care unit on [redacted] 15. The facility most recently completed an initial assessment of the resident's personal care needs and a support plan to meet the resident's needs on 2/21/15. The facility has not developed an annual support plan for the resident as required.

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 support plan is important to assure that the resident is assessed and receives the services indicated. It is important to communicate the care and services to the staff. This resident was a respite stay who then became a long term stay. The annual support plan was not developed as required. The annual support plan was completed immediately. Staff will be educated on May 26, 2016 on the need to complete the support plan in a timely manner. We utilize the tabula pro program which will allow us to monitor the timing of the DME and RASP to ensure compliance. The Resident Care Director or designee will conduct chart audits monthly to ensure that the support plans are completed in a timely manner.

The administrator shall monitor and assure ongoing compliance.

m
 5/21/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joaquin</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. JOAQUIN PERSONAL CARE ADMINISTRATOR		Date 05/13/16
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