



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Ms. Shirley Major-Friday, Administrator  
Helen's Place for Personal Care  
474 Stambaugh Avenue  
Sharon, Pennsylvania 16146

RE: Helen's Place for Personal Care  
License #: 446870

Dear Ms. Major-Friday:

As a result of the Department of Human Services' annual licensing inspections on May 12, 2016 and October 19, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 44687 - 05/12/2016 - Hullquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION  
 The home collects a portion of the rent rebate benefit for eligible residents.  
 Resident #1's resident-home contract, dated, 9/22/14, does not include the home's intended use for rent rebate revenues collected.  
 Resident #3's resident-home contract, dated 11/5/15, does not include the home's intended use for the rent rebate revenues collected.

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.*  
 11/1/16-Resident #1's and resident #3's resident-home contracts will be updated to include the home's intended use for rent rebate revenues collected.  
 11/1/16-The administrator or a designated staff person will review each resident's contract to ensure each contract includes all of the requirements of this Chapter. The administrator or a designated staff person will review each newly completed resident-home contract to ensure each contract includes the home's intended use for rent rebate revenues collected.  
 11/30/16-All staff persons involved in the resident-home contract process will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherry Friday</i>	Date <i>10-19-2016</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11/29/16</u> (Date)	Plan of correction implementation status as of <u>11/29/16</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person A, then home's administrator did not complete any annual training hours 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.

11/1/16-The administrator will develop a 2016 administrator training plan .  
 12/31/16 - The administrator will have at least 24 hours of 2016 annual training relating to the job duties.  
 12/31/17-The administrator will complete 48 hours of Department-approved annual training to make up for the hours of annual training not received in 2015.  
 12/31/16-The administrator will initiate development of a 2017 administrator annual training plan for completion of 48 hours of Department-approved annual training sources related to the job duties.

BB  
 12/2/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Friday</i>	Date <i>10 19 2016</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/2/16</u> (Date)	Plan of correction implementation status as of <u>12/2/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

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

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person B, hired [redacted] 15, did not receive orientation in general fire safety or emergency preparedness.

**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.*

11/1/16-Direct care staff person B will receive orientation in general fire safety and emergency preparedness. Documentation shall be kept.

11/30/16-All staff persons responsible for orientation will be educated on this regulation.

11/30/16-The administrator or a designated staff person will review each staff person's orientation records to ensure each staff person received orientation on the requirements of this regulation.

12/1/16-The administrator or a designated staff person will review each newly hired staff person's orientation records to ensure each staff person receives an orientation in accordance with this regulation.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sherry Hultquist* Date *10/19/2016*

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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, completed their 40th scheduled work hour on [REDACTED] 5. Staff person B did not receive orientation in the following required topics until 4/24/15:

- Resident rights.
- Emergency medical plan.
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- Reporting of reportable incidents and conditions.

**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.*

11/30/16-All staff persons responsible for orientation will be educated on this regulation.

11/30/16-The administrator or a designated staff person will review each staff person's orientation records to ensure each staff person received orientation on the requirements of this regulation.

12/1/16-The administrator or a designated staff person will review each newly hired staff person's orientation records to ensure each staff person receives an orientation in accordance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shunb YH 15*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shunb YH 15* Date *10/8/2016*

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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired [redacted] 15, began providing unsupervised ADL services on [redacted] 15; however, did not successfully complete and passing of the Department-approved direct care training course and passing of the competency test until 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.*

11/30/16-All staff persons responsible for training of direct care staff persons will be educated on this regulation.

11/30/16-The administrator or a designated staff person will review each direct care staff person's training records to ensure each direct care staff person received training on the requirements of this regulation.

12/1/16-The administrator or a designated staff person will review each newly hired direct care staff person's training records prior to providing unsupervised ADL services to ensure each direct care staff person receives training in accordance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley A. Day*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shirley A. Day* Date *10/19/2016*

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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 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  
 Direct care staff person C completed only 10 hours of annual training during 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.*

11/1/16-The administrator will develop a 2016 training plan for completion of 14 hours of annual training for direct care staff person C to make up for the hours of annual training not received in 2015 and submit it to the Department's regional office.

12/31/16-Direct care staff person C will complete 14 hours of annual training to make up for the hours of annual training not received in 2015.

12/31/16-The administrator will initiate development of a 2017 annual training plan for completion of 12 hours of annual training for direct care staff persons, including the requirements of Chapter 2600.65(f) and Chapter 2600.65(g).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date 10/19/2016
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**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 receive annual training in the following required topics during 2015 training year:  
 - Medication self-administration  
 - Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
 - Care for residents with mental illness or intellectual disabilities.  
 The home currently services residents with mental illness and intellectual disabilities.

**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.*  
 11/30/16-Direct care staff person C will receive training on medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with mental illness or intellectual disabilities.  
 11/30/16-All staff persons responsible for training direct care staff persons will be educated on the requirements of this regulation.  
 12/31/16-The administrator or a designated staff person will initiate development of a staff training plan for direct care staff persons that include the requirements of this regulation.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]* Date *10 19 2016*

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Violation Report: 44687 - 05/12/2016 - Hullquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION  
 Residents #2 and #3 share a bedroom; however, there was only one chair in the resident's bedroom.

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

Immediately-2 chairs will be provided to resident #2's and resident #3's shared bedroom.

Immediately-A designated staff person will check each bedroom at least twice per month to ensure that each resident has a chair that meets the resident's needs.

11/30/16-All staff persons will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date <i>10 19 2016</i>
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Violation Report: 44687 - 05/12/2016 - Hullquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
 There is no bedside table or shelf beside resident #3's bed.

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

Immediately-Resident #3 will be provided a bedside table or shelf.

Immediately-A designated staff person will check each bedroom at least twice per month to ensure that each resident has a bedside table or shelf.

11/30/16-All staff persons will be educated on this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shy Y. S.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shy Y. S.</i>	Date <i>10/19/2016</i>
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

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  
 Resident #3 does not have a source of light that can be turned on/off from bedside.

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

Immediately-Resident #3 will be provided an operable bedside lamp or other source of lighting that can be turned on at bedside.

Immediately-A designated staff person will check each bedroom at least twice per month to ensure that each resident has an operable bedside lamp or other source of lighting that can be turned on at bedside.

11/30/16-All staff persons will be educated on this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shy Y. S.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shy Y. S.</i>	Date <i>10 19 2016</i>
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 (Date)

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

Plan of correction implementation status as of 11/29/16  
 (Date)

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

Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

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  
 There was a 6"x2" section of blinds missing from resident #4's left side bedroom window preventing the window blind from covering the entire window when drawn.

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

Immediately-Resident #4 will be provided window coverings that are clean, in good repair, and cover the entire window when drawn.

Immediately-A designated staff person will check each bedroom at least twice per month to ensure that each resident has window coverings that are clean, in good repair, and cover the entire window when drawn.

11/30/16-All staff persons will be educated on this regulation.

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

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Handwritten Signature]</i>	10 19 2014

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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**  
 There was no emergency evacuation diagram posted on the first floor of the home. The home currently serves 10 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.*

Immediately-An emergency evacuation diagram will be posted on the first floor of the home.

Immediately-A designated staff person will check each floor of the home at least twice per month to ensure that an emergency evacuation diagram is posted.

11/30/16-All staff persons will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date <i>10 12 2016</i>
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

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 #3's medical evaluation, undated, does not include the following, these sections were blank:  
 - Ability to self-administer medications  
 - Health status  
 - Mobility assessment

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.*

11/1/16-The administrator or a designated staff person will review each resident's most recent medical evaluation to ensure it includes the requirements of this regulation and will review each newly completed medical evaluation to ensure each medical evaluation includes the requirements of this regulation.

11/30/16-Resident #3's medical evaluation will be updated to include the date the resident was evaluated and the resident's ability to self-administer medications, health status, and mobility assessment.

11/30/16-All staff persons responsible for documented medical evaluations will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date <i>10/19/2016</i>
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The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44687 - 05/12/2016 - Hullquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 65 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most recent medical evaluation was completed on 10/19/15; however, the pervious medical evaluation was completed on 9/22/14.  
 Resident #5's most recent medical evaluation was completed on 2/25/16; however, the pervious medical evaluation was completed on 1/9/15.

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.

Immediately-The administrator will implement monitoring procedures to ensure each resident has a medical evaluation at least annually.

11/1/16-The administrator or a designated staff person will review each resident's most recent medical evaluation to ensure one has been completed within the past year.

11/30/16-All staff persons responsible for documented medical evaluations will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date <i>10 19 2014</i>
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**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's May 2016 medication administration record (MAR) does not include a diagnosis or purpose for the following prescribed medications:

- Levothyroxine 75mcg
- Duloxetine HCL DR 30mg
- Folic Acid 1mg
- Vitamin B-1 100mg
- Trazodone 50mg

Resident #5's May 2016 medication administration record (MAR) does not include a diagnosis or purpose for the following prescribed medications:

- Vitamin D 2000units
- Paliperidone ER 6mg
- Donepezil HCL 5mg
- Memantine HCL 10mg

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

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

Resident #1's May 2016 medication administration records will be updated to include a diagnosis or purpose for Levothyroxine 75mcg, Duloxetine HCL DR 30mg, Folic Acid 1mg, and Vitamin B-1 100mg. Resident #5's May 2016 medication administration records will be updated to include a diagnosis or purpose for Vitamin D 2000 units, Paliperidone ER 6mg, Donepezil HCL 5mg, and Memantine HCL 10mg.

11/1/16-The administrator or a designated staff person will review each resident's medication administration records monthly to ensure each resident's medication administration records include the requirements of this regulation.

11/30/16-All staff persons involved in the medication administration process will be educated on this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 44687 - 05/12/2016 - Hullquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted to the home on [redacted] 15; however, a preadmission screening was not completed.

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

Immediately-The administrator will develop and implement procedures to ensure that each resident has a preadmission screening form completed within 30 days prior to admission.

Immediately-The administrator or a designated staff person will review each prospective resident's preadmission screening form prior to admission.

11/30/16-All staff persons involved in the preadmission process will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Name]</i>	Date <i>10 19 2016</i>
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

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 most recent assessment was completed 9/23/14.  
 Resident #5's most recent assessment was completed on 2/25/16; however, the previous assessment was completed on 1/6/15.

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.*  
 11/1/16-Resident #1 will have an annual assessment completed.  
 11/1/16-The administrator will develop a tracking system to track each resident's assessment dates.  
 11/1/16-The administrator or a designated staff person will review each resident's most recent assessment to ensure each resident has an assessment completed within the past year.  
 11/30/16-All staff persons involved in the assessment process will be educated on this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	Date <i>10 12 2016</i>
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Violation Report: 44687 - 05/12/2016 - Hultquist, Cliff  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The most recent photograph in resident #5's record is dated, 6/2013.

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.*

11/1/16-A photograph of resident #5 will be taken, dated, and included in the resident's record.

11/1/16-The administrator will develop a tracking system to track each resident's photograph dates.

11/1/16-The administrator or a designated staff person will review each resident's most recent photograph to ensure each resident has a dated photograph within the 2 past years.

11/30/16-All staff persons will be educated on this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley G. Hultquist*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley G. Hultquist</i>	Date <i>10 19 2016</i>
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