



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

Ms. Amanda Topnick, PCH Administrator
Vincentian Home, Inc.
111 Perrymont Road
Pittsburgh, Pennsylvania 15237

RE: Vincentian Home
License #: 431530

Dear Ms. Topnick:

As a result of the Department of Human Services' annual licensing inspections on May 16, 2016 and May 17, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VINCENTIAN HOME		License Number: 43153
Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Amanda Topnick		Region: WEST
Legal Entity Name: VINCENTIAN HOME INC		RECEIVED SEP 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		
Certificate(s) of Occupancy C2LP 04/11/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/16/2016: Marini, Michael; Hultquist, Cliff 05/17/2016: Marini, Michael; Hultquist, Cliff		
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: 60 Number of Residents Served: 53 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 53 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 1

Amanda Topnick

SEP 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600
2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 5, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person G, hired [redacted] 16, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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

Staff person A no longer works in the home.

Diplomas for direct care staff person A and G were located.

Staff person G no longer works in the home

See Exhibit #1 and #2

10/11/16

See Page 2A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/08/2014 et al
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>	Date <i>9/8/16</i>

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

The above plan of correction is approved as of <u>10/11/16</u> (Date)	Plan of correction implementation status as of <u>10/11/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Amanda Topnick

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OCT 08 2016

Violation Report: 43163 - 05/16/2016 - Marini, Michael
POH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 15, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person G, hired [redacted] 16, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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

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

Within 15 days of receipt of the plan of correction: The administrator or designated staff person shall review all current direct care staff records to ensure each direct care staff person has a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. Documentation of the audits shall be kept. A copy of each direct care staff qualifications shall be maintained in each staff record.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each direct care staff person has a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry prior to performing direct care services. Documentation of the system shall be kept. All staff persons responsible for the hiring process shall be educated on the new system. Documentation of the education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2014 et al
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Amanda Topnick</i> BHS PCHA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Amanda Topnick</i>	<i>10/7/16</i>

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

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

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

SEP 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

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 A, hired on [redacted] 15, did not receive training on the required topics, to include evacuation procedures and smoke detectors and fire alarms.

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.

Direct care staff A is no longer employed by Vincentian Home Personal Care. As per regulation 2600.65(a), this training will be provided to all new direct care staff persons.

See Exhibit #3

See Exhibit #14

See Page 3A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2014 et al
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Amanda Topnick</i> PCHA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Amanda Topnick</i>	<i>9/8/16</i>

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Amanda Topnick

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Page 3 of 18

Violation Report: 43163 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(a) - Prior to or during the first work day, all direct care staff persons including auxiliary 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 A, hired on [redacted] 15, did not receive training on the required topics, to include evacuation procedures and smoke detectors and fire alarms.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all staff person training records to ensure all current staff persons have completed the required orientation training specified in 2600.65a. In the event any staff person has not received the training, the training will be immediately provided. Documentation of the audits shall be kept.
Immediately: The home shall develop and implement a tracking system to ensure all newly hired staff receive all trainings specified in 2600.65a prior to or during the first work day. Documentation of trainings shall be kept in each staff person's record.
Immediately: The home shall assign a specific designated person the responsibility of ensuring all newly hired staff receive all trainings specified in 2600.65a prior to or during the first work day.

Repeat Violation: Yes
Date(s) of Previous Violation(s): 07/09/2014 et al

Signature of Legal Entity Representative (Required on EVERY Page)
Amanda Topnick BHS PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Amanda Topnick
Date 10/7/16

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The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

SEP 08 2016

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 A, hired on [redacted] 15, did not receive training on the required topics, including residents rights and the emergency medical plan.

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.

Direct care staff A is no longer employed by Vincentian Home Personal Care. As per regulation 2600.65(b), this training will be provided to all new direct care staff persons.

See Exhibit #3

See Exhibit #15

See Page 4A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/08/2014 et al
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>	Date <i>9/8/16</i>

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The above plan of correction is approved as of 10/11/16 (Date)

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

Plan of correction implementation status as of 10/11/16 (Date)

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

Amanda Topnick

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Page 4 of 18

Violation Report: 43163 - 08/10/2016 - Marini, Michael PCH Name: VINCENTIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 88 Pa. Code §2000 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 (36 P.S. §§ 10225.101-10225.6102). (4) Reporting of reportable incidents and conditions.			
2a. DESCRIPTION OF VIOLATION Direct care staff person A, hired on [redacted] 3, did not receive training on the required topics, including residents rights and the emergency medical plan.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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> Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all staff person training records to ensure all current staff persons have completed the required orientation training specified in 2600.65b. In the event any staff person has not received the training, the training will be immediately provided. Documentation of the audits shall be kept. Immediately: The home shall develop and implement a tracking system to ensure all newly hired staff receive all trainings specified in 2600.65b within 40 scheduled working hours. Documentation of trainings shall be kept in each staff person's record. Immediately: The home shall assign a specific designated person the responsibility of ensuring all newly hired staff receive all trainings specified in 2600.65b within 40 scheduled working hours.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2014 et al	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick BHS, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Amanda Topnick</i>		<i>10/7/16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person A was hired on [redacted] 15 and has been providing unsupervised ADL services since approximately [redacted] 16; however, staff person A did not complete the Department-approved direct care training course and pass the competency test until 12-26-15.

Staff person G was hired on [redacted] 16 and has been providing unsupervised ADL services since approximately [redacted] 16; however, staff person G did not complete the Department-approved direct care training course and pass the competency 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.

Direct care staff persons A and G are no longer employed by Vincentian Home Personal Care. An audit will be completed for every new employee prior to and within 40 hours of working.

See Exhibit #4

See Page 5A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/08/2014 et al
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>	Date <i>9/8/16</i>

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

The above plan of correction is approved as of <u>10/11/16</u> (Date)	Plan of correction implementation status as of <u>10/11/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Amanda Topnick

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Page 5 of 18

Violation Report: 43163 - 05/16/2016 - Marini, Michael PCH Name: VINCENTIAN HOME		WEST REGIONAL FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 88 Pa.Code §2600 2600.86(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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			
<p>Staff person A was hired on [redacted] 16 and has been providing unsupervised ADL services since approximately [redacted] 16; however, staff person A did not complete the Department-approved direct care training course and pass the competency test until 12-20-16.</p> <p>Staff person G was hired on [redacted] 16 and has been providing unsupervised ADL services since approximately [redacted] 16; however, staff person G did not complete the Department-approved direct care training course and pass the competency test.</p>			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)			
<p><i>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></p> <p>Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current direct care staff person records to ensure no direct care staff person is performing unsupervised ADL services to residents until all trainings specified in 2600.65d are completed, to include successful completion and passing the Department-approved direct care training course and passing of the competency test. Documentation of the audit shall be kept. Documentation of the trainings shall be kept in each staff person's record.</p> <p>Immediately: The home shall develop and implement a tracking system to ensure no direct care staff person is performing unsupervised ADL services to residents until all trainings specified in 2600.65d are completed, to include successful completion and passing the Department-approved direct care training course and passing of the competency test. Documentation of the system shall be kept.</p> <p>Immediately: The home shall assign a specific designated person the responsibility of ensuring all direct care staff receive all trainings specified in 2600.65d prior to performing unsupervised ADL services to residents.</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2014 et al	
Signature of Legal Entity Representative (Required on EVERY Page)			
Amanda Topnick BHS PCH/A			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Amanda Topnick			10/7/16

Violation Report: 43163 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person B, hired [redacted] 11, received only 10 hours and 15 minutes of training in the 2015 training year.
Staff person C, hired [redacted] 14, received only 9 hours and 15 minutes of training in the 2015 training year.
Staff person D, hired [redacted] 13, received only 10 hours of training in 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.

Procedures have changed with tracking of personal care staff inservices. A sign-in sheet specific to personal care staff will be provided at each inservice. Monitoring will be done to assure staff is able to accomplish missed inservices. Personal care will continue using the Department of Human Services form for tracking.

See Page 6A of 18

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i> PCHA		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>		Date <i>9/8/16</i>

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Amanda Topnick

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OCT 08 2016

Page ^A 6 of 18

Violation Report: 43153 - 05/10/2016 - Marini, Michael POH Name: VINGENTIAN HOME		WEST PASCON FIELD OFFICE Human Services Licensing	
1. REGULATION 56 Pa.Code §2800 2800.85(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.			
2a. DESCRIPTION OF VIOLATION Staff person B, hired [redacted] 11, received only 10 hours and 15 minutes of training in the 2015 training year. Staff person C, hired [redacted] 14, received only 9 hours and 16 minutes of training in the 2015 training year. Staff person D, hired [redacted] 13, received only 10 hours of training in the 2015 training year.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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> By 12/31/16: Direct care staff person B will receive an additional 1 hour, 45 minutes of training, in addition to the 12 hours of required training for the 2016 training year. By 12/31/16: Direct care staff person C will receive an additional 2 hours, 45 minutes of training, in addition to the 12 hours of required training for the 2016 training year. By 12/31/16: Direct care staff person D will receive an additional 2 hours of training, in addition to the 12 hours of required training for the 2016 training year.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick, BHSRHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 10/7/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43153 - 05/18/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

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 B, hired 10-18-11, direct care staff person C, hired on 7-31-14, direct care staff person D, hired on 10-2-13, and direct care staff person E, hired on 7-21-08 did not receive training on the following topics in the 2015 training year:

*Medication self-administration training.

*Care for residents with mental illness.

On 5-16-16, 1 resident with a mental illness was served in the home.

Violator withdrawn 10/11/16

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.

Medication self-administration reviewed with direct care staff persons. *on 5/19/16.*

Care for residents with mental illness will be reviewed with these direct care staff persons on October 19, 2016.

- See Exhibit #7
- See Exhibit #6(a) (b)
- See Exhibit #5(a) (b) (c)
- See Exhibit #22(a) (b)

See Page 7A of 18

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>	Date <i>9/8/16</i>

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

The above plan of correction is approved as of 10/11/16
(Date)

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

Plan of correction implementation status as of 10/11/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[checkmark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Amanda Topnick

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OCT 08 2016

Page 7 of 18

Violation Report: 43163 - 05/16/2016 - Marini, Michael
PCH Name: VINCENIAN HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa.Code §2800
2800.85(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 B, hired 10-18-11, direct care staff person C, hired on 7-31-14, direct care staff person D, hired on 10-2-13, and direct care staff person E, hired on 7-21-08 did not receive training on the following topics in the 2015 training year:
*Medication self-administration training.
*Care for residents with mental illness.
On 5-18-16, 1 resident with a mental illness was served in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all direct care staff person records to ensure each staff person receives all trainings specified in 2800.65f during the current training year.
Immediately: The administrator or designated staff person shall develop and implement a system to ensure each direct care staff person receives all trainings specified in 2800.65f during each established training year. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) Amanda Topnick BHS, PC, LLC

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Topnick Date 10/7/16

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

The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

SEP 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

1. REGULATION 65 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on [redacted] 11, did not receive training on falls and accident prevention in the 2015 training year.

Staff person C, hired on [redacted] 4, staff person D, hired on [redacted] 13, and staff person F, hired on [redacted] 01 did not receive training on the following topics in the 2015 training year:

- *Emergency preparedness procedures and recognition and response to crises and emergency situations.
- *Falls and accident prevention.

Staff person E, hired on [redacted] 08, did not receive training on the following topics in the 2015 training year:

- *Emergency preparedness procedures and recognition and response to crises and emergency situations.
- *Resident rights.
- *Falls and accident prevention.

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.

Direct care staff persons B and E attended Safety Training in February. See Exhibit #9(a) (b)

Direct Care Staff persons C, D, and F have received the in-service training. See Exhibit #10

Inservice held for Falls and Accident Prevention

Direct care staff E was inserviced on Resident Rights. See Exhibit #8

See Exhibit #8

See Exhibit #9, 9(a), 9(b)

See Exhibit #10 (7 pages)

See Exhibit #23(a) (b) (c)

See Page 8A of 18

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

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

The above plan of correction is approved as of 10/11/16
(Date)

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

Plan of correction implementation status as of 10/11/16
(Date)

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

Amanda Topnick

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OCT 08 2016

Page 8 of 18

Violation Report: 43163 - 06/10/2016 - Marini, Michael POH Name: VINCENTIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 65 Pa. Code §2600 2600.65(g) - Direct care staff persons, auxiliary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.</p>			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Staff person B, hired [REDACTED] 11, did not receive training on falls and accident prevention in the 2016 training year.</p> <p>Staff person C, hired on [REDACTED] 14, staff person D, hired on [REDACTED] 13, and staff person F, hired [REDACTED] 01 did not receive training on the following topics in the 2016 training year: *Emergency preparedness procedures and recognition and response to crises and emergency situations. *Falls and accident prevention.</p> <p>Staff person E, hired on [REDACTED] 08, did not receive training on the following topics in the 2016 training year: *Emergency preparedness procedures and recognition and response to crises and emergency situations. *Resident rights. *Falls and accident prevention.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</p> <p>Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review the records for all direct staff persons, auxiliary staff persons, substitute personnel and regularly scheduled volunteers to ensure each staff person receives all trainings specified in 2600.65g during the current training year.</p> <p>Immediately: The administrator or designated staff person shall develop and implement a system to ensure each direct staff persons, auxiliary staff persons, substitute personnel and regularly scheduled volunteers receive all trainings specified in 2600.65g during each established training year. Documentation of the system shall be kept.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick BHS PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 10/7/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43153 - 05/18/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2. DESCRIPTION OF VIOLATION

On 5-16-16 at 9:52 AM, the water at the sink of the second floor bathroom across from the nurse's station measured 132.4 degrees Fahrenheit.

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.

Problem was fixed immediately. Water temperatures are checked weekly. Documentation of water temperatures shall be kept. *for 10/11/16*

See Exhibit #21

Immediately: Any water temperatures found to exceed 120° Fahrenheit shall immediately be corrected and re-tested. *for 10/11/16*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick</i> PCHHA
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>9/8/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <i>10/11/16</i> (Date)	Plan of correction implementation status as of <i>10/11/16</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Amanda Topnick

SEP 08 2016

Violation Report: 43153 - 06/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill log does not include the number of residents in the home at the time of the drill or the number of residents evacuated for the fire drill conducted on 3-18-16 at 4:33 p.m.

The fire drill log does not include the amount of time to evacuate for the fire drill conducted on 4-6-16 9:13 a.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.

A fire drill record containing all requirements of 2600.132c was completed for fire drills conducted on 6/30/16, 7/20/16, 8/24/16, 9/18/16 and 10/3/16. The census was checked for the number of residents in the facility on 3/18/16. All residents were evacuated. + 10/11/16

From this time on, all evacuation times will be logged for all fire drills conducted.

see Page 11A of 18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amanda Topnick PCHA

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

Amanda Topnick

Date

9/8/16

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The above plan of correction is approved as of

10/11/16
(Date)

Plan of correction implementation status as of

10/11/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Amanda Topnick

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Page 11 of 18

Violation Report: 43163 - 06/16/2016 - Morini, Michael PCH Name: VINCENTIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 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 log does not include the number of residents in the home at the time of the drill or the number of residents evacuated for the fire drill conducted on 3-18-16 at 4:33 p.m. The fire drill log does not include the amount of time to evacuate for the fire drill conducted on 4-6-16 9:13 a.m.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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> Immediately: The administrator shall monitor all fire drill records monthly to ensure all items specified in 2600.132c are documented on the home's fire drill records, to include the number of residents in the home at the time of the fire drill, the number of residents evacuated and the amount of time each drill took for evacuation. Immediately: All staff persons responsible for conducting fire drills shall be re-educated on the requirement to maintain a written fire drill record monthly, as well as the requirement to maintain all items specified in 2600.132c on the monthly fire drill record, to include the number of residents in the home at the time of the fire drill, the number of residents evacuated and the amount of time each drill took for evacuation. Documentation of the education shall be kept.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick BHS, PCITA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Amanda Topnick</i>		<i>10/7/16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 43163 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The last fire drill during sleeping hours was conducted on 9-16-15 at 5:40 AM.

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.

Two fire drills have been held during sleeping hours (5/25/16 and 6/30/16).

See Exhibit #12

See Page 12A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick* PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick* Date *9/8/16*

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

The above plan of correction is approved as of 10/11/16
(Date)

Plan of correction implementation status as of 10/11/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Amanda Topnick

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OCT 08 2016

Page 2 of 18

Violation Report: 43163 - 08/16/2016 - Marini, Michael POH Name: VINCENTIAN HOME	WEST BETHUN FIELD OFFICE Public Services Licensing
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1. REGULATION 56 Pa.Code §2800
2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last fire drill during sleeping hours was conducted on 9-16-16 at 8:40 AM.

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 shall monitor all fire drill records monthly to ensure a fire drill is held during sleeping hours at least once every 6 months.

Immediately: All staff persons responsible for conducting fire drills shall be re-educated on the requirement of conducting a fire drill during sleeping hours at least once every 6 months. Documentation of the education shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick BHS, RHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick* Date *10/7/16*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

SEP 08 2016

Violation Report: 43153 - 05/16/2016 - Marin, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Alprazolam 0.25 mg-1 tablet by mouth four times a day as needed for anxiety. On 5-17-16, this medication was not available 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.

Resident #1's Alprazolam was discontinued on 5/18/16. *K 10/11/16*

This medication was discontinued as per physician orders. PRN medications will be audited monthly.

See Exhibit #16

See Page 13A of 18

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>		Date <i>9/8/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u><i>10/11/16</i></u> (Date)	Plan of correction implementation status as of <u><i>10/11/16</i></u> (Date)	
The above plan of correction was approved by <u><i>f</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>R</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Amanda Topnick

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OCT 08 2016

Page 3 of 18

Violation Report: 43163 - 06/16/2016 - Marini, Michael POH Name: VINCENTIAN HOME	WEST HANOVER FIELD OFFICE Human Services Licensing
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1. REGULATION 56 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Alprazolam 0.25 mg-1 tablet by mouth four times a day as needed for anxiety. On 6-17-16, this medication was not available in the home.

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

Within 30 days of receipt of the plan of correction: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medications to ensure all medications are available in the home in accordance with prescribers' orders.

Immediately: The home shall develop and implement a system to ensure all prescribed medications are present and available in the home for administration. All staff members qualified to administer medications in accordance with 2600.182b shall be educated on the new system. Documentation of the education shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick BHS PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick* Date *10/7/16*

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

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

SEP 08 2016

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

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 #2 was admitted on [redacted] 15. However, resident #2's initial assessment was completed on 12-27-15.
Resident #3 was admitted on [redacted] -16. However, resident #3's initial assessment was completed on 5-1-16.

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.

Assessments will be audited on all new residents to assure they are completed as per regulation 2600.225(a).

See Exhibit #17

See Page 14A of 18

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Amanda Topnick PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date: 9/8/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10/11/16</u> (Date)		Plan of correction implementation status as of <u>10/11/16</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Amanda Topnick

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Page 14^A of 18

Violation Report: 43763 - 08/10/2016 - Marini, Michael
POH Name: VINCENTIAN HOME
WEST REGION FIELD OFFICE
Census Careless 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 #2 was admitted on [redacted] 16. However, resident #2's initial assessment was completed on 12-27-16.
Resident #3 was admitted on [redacted] 16. However, resident #3's initial assessment was completed on 5-1-16.

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.
Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current resident assessments to ensure each resident has an assessment completed in its entirety. Documentation of the audit shall be kept. A copy of the current resident assessment shall be kept in each resident record.
Immediately: The administrator or designated staff person shall develop and implement a system to ensure all newly admitted residents have an assessment, completed in its entirety, within 15 days of admission. Documentation of the system shall be kept. All staff persons responsible for the completion of resident assessments shall be educated on the new system. Documentation of the education shall be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick BHS, PCMA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick* Date *10/7/16*

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The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

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 #4's most recent assessment was completed on 6-16-15. However, resident #4's previous assessment was completed 11-11-13.

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.

Assessments will be audited to assure completion as per regulation 2600.225(c).

See Exhibit #18

See Page 15A of 18

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick PCHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Topnick</i>		Date <i>9/8/16</i>

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

The above plan of correction is approved as of <u>10/11/16</u> (Date)	Plan of correction implementation status as of <u>10/11/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Amanda Topnick

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Page 5 of 18

Violation Report: 43163 - 05/10/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.226(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 #4's most recent assessment was completed on 6-16-15. However, resident #4's previous assessment was completed 11-11-13.

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.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current resident assessments to ensure each resident has an assessment, completed in its entirety, at least annually. Documentation of the audit shall be kept. A copy of the current resident assessment shall be kept in each resident record.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each resident has an assessment, completed in its entirety, at least annually. Documentation of the system shall be kept. All staff persons responsible for the completion of resident assessments shall be educated on the new system. Documentation of the education shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick BHS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick* Date *10/7/16*

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The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 43153 - 05/16/2016 - Marini, Michael
PCH Name: VINCENTIAN HOME

SEP 08 2016

1. REGULATION 65 Pa.Code §2600
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician on a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

WEST REGION FIELD OFFICE
PHILADELPHIA, PENNSYLVANIA

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secure dementia care unit on [redacted] 15. However, the home did not complete a cognitive preadmission screening for resident #1.
Resident #5 was admitted to the secure dementia care unit on [redacted] 15. However, the home did not complete a cognitive preadmission screening for resident #5.

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 Cognitive screening was completed on 9/29/16. for 10/11/16
Resident #5's Cognitive screening was completed on 9/29/16.
Cognitive preadmission screening will be completed 72 hours prior to admission to the secure dementia unit as per regulation

See Exhibit #19

See Page 16A of 18

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/08/2014 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick* Date *9/8/16*

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

The above plan of correction is approved as of 10/11/16 (Date)

Plan of correction implementation status as of 10/11/16 (Date).

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Page 16 of 18

Violation Report: 43153 - 05/10/2016 - Marini, Michael
POH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2000.231(e) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secure dementia care unit on [redacted] 16. However, the home did not complete a cognitive preadmission screening for resident #1.

Resident #5 was admitted to the secure dementia care unit on [redacted] 16. However, the home did not complete a cognitive preadmission screening for resident #5.

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

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

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records of those who reside on the home's secured dementia care unit to ensure each resident has a written cognitive preadmission screening, completed in its entirety. Documentation of the audits shall be kept.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each resident admitted to the home's secured dementia care unit has a cognitive preadmission screening, completed in its entirety, within 72 hours of admission. Documentation of the system shall be kept. All staff persons responsible for the completion of the cognitive preadmission screening form shall be educated on the new system. Documentation of the education shall be kept.

Immediately: A copy of the cognitive preadmission screening shall be maintained in each resident record.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/08/2014, et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Amanda Topnick BHS, PCHA

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

Amanda Topnick

Date

10/7/16

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The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 43153 - 05/16/2016 - Marini, Michael
FCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's keypad door locking mechanism are not conspicuously posted near the door to the SDCU.

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.

Direction code for the door keypad will be posted on all points of egress at all times.

See Exhibit #20

See Page 17A of 18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick PCHH*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amanda Topnick* Date *9/8/16*

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

The above plan of correction is approved as of 10/11/16
(Date)

Plan of correction implementation status as of 10/11/16
(Date)

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

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

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Page 7^A of 18

Violation Report: 43163 - 06/10/2016 - Marini, Michael PCH Name: VINCENTIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 88 Pa.Code §2000 2800.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.			
2a. DESCRIPTION OF VIOLATION The directions for operating the home's keypad door locking mechanism are not conspicuously posted near the door to the SDCU.			
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, then monthly thereafter: The administrator or designated staff person shall ensure the directions to operate the keypads from each of the exit doors in home's secured dementia care unit are conspicuously posted near each device.			

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Amanda Topnick BHS, PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Amanda Topnick</i>	Date	<i>10/7/16</i>
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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43163 - 05/16/2016 - Manni, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff person C was hired on [redacted] 14 and was assigned to work in the secure dementia care unit on [redacted] 16 and [redacted] 16 to [redacted] 16. However, staff person C received only 1 hour of secure dementia care in the 2015 training year.

staff person D was hired on [redacted] 13 and was assigned to work in the secure dementia care unit on [redacted] 16 and [redacted] 16 to [redacted] 16. However, staff person D received only 1 hour of secure dementia care in 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.

All direct care staff will complete 6 hours of Dementia Training by December 31, 2016. The direct care staff will use the Center for Medicare and Medicaid Services, Hand in Hand Dementia Training Series.

See Exhibit #13

See Page 18A of 18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick* Date *9/8/16*

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Page 18 of 18

Violation Report: 43163 - 05/16/2016 - Martini, Michael
PCH Name: VINCENTIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a: DESCRIPTION OF VIOLATION

Staff person C was hired on [redacted] 14 and was assigned to work in the secure dementia care unit on [redacted] 16 and [redacted] 16 to [redacted] 16. However, staff person C received only 1 hour of secure dementia care in the 2016 training year.

Staff person D was hired on 10-2-13 and was assigned to work in the secure dementia care unit on [redacted] 16 and [redacted] 16 to [redacted] 16. However, staff person D received only 1 hour of secure dementia care in 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.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure each direct care staff person receives an additional 6 hours of annual training related to dementia care and services in addition to the 12 hours of annual training specified in 2600.65e within each established training year.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick BHS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Topnick* Date *10/7/16*

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