



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Cheryl Sensanbaugher,
Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
P.O. Box 214
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141
License #: 417370

Dear Ms. Sensanbaugher:

As a result of the Department of Human Services' annual licensing inspections on May 26, 2016, June 10, 2016 and October 25, 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.

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: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A started working in the home on [redacted] 15. However, the home did not complete a criminal history background check for direct care staff person A until 9/21/15.

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.

Admin. Acknowledges the Importance of A Background Check for staff to be caring for Residents.
 Staff was A Re-hire AND Admin. chose to do A New Background Check for her chart.
 Future employees will have Criminal History Checks Done Before Starting their first Day of employment as long as it is satisfactory for employment.
 A checklist has been formed as to prevent this from occurring again

Checklist enclosed

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbaugh Date 10/25/16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</u> (Date)
The above plan of correction was approved by <u>CS</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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE 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 started working in the home on [redacted] 15. However, there is no documentation that direct care staff person A has a high school diploma, GED or active registry 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.

Previous employment with Staff Person [redacted]; (2008) thru to present.

Admin. was instructed to submit a yearbook photo.

Admin. & Staff have formed a checklist for future employees

All employees will show ~~proof~~ ^{Proof} of education. (GED, diploma, Registry)

Enclosed is a copy of Staff Person [redacted] Transcript.

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Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Senanbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Senanbaugh Date 10 25 16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

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 A provides unsupervised direct care services to residents in the home. There is no documentation that staff person A completed the Department-approved direct care staff training course and completed 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.

Admin. will follow checklist for New Employees
 Staff person had completed the online test
 But a new one was done again because
 Admin. felt it had expired. Staff was a Rehire
 Test completed on 9-13-16 Copy enclosed

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaugh* Date *10.25.16*

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See page 4A of 20

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE 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, 2008 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 A provides unsupervised direct care services to residents in the home. There is no documentation that staff person A completed the Department-approved direct care staff training course and completed 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.
Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. Only those staff persons whom meet the direct care staff qualifications will provide direct care services.
12-20-16

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaurer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaurer Date 12-27-16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, there was garbage and debris including cigarette butts, a lighter, plastic wrappers, a plastic bottle, and a piece of siding between the rear deck and 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.

Admin + Staff have compiled a checklist for daily walk around the premises AND Admin will check once a week for any debris.

It is important that ALL trash is thrown away but residents are reminded to use ashtrays and not to dump them. Staff or Admin will dispose of cig. Butts. Residents are reminded to please throw any papers, drink containers, etc. into trash can.

Staff were educated on the importance of fire hazard and violation if they do not follow checklist daily.

Checklist enclosed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbarger* Date *10-25-16*

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16 at 9:00 a.m., the temperature of the second floor bathroom sink measured 123 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.

Admin. Acknowledges the Importance of Temp. Safety.

A NEW HOT WATER TANK HAS BEEN INSTALLED AND A CHECKLIST HAS BEEN CREATED FOR DAILY WATER TEMP. RECORDS.

ADMIN. WILL ALSO CHECK TEMP. AT LEAST ONCE A WEEK. WITH ALTERNATING WATER AREAS.

STAFF HAVE BEEN RE EDUCATED ON TEMP. SAFETY.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaur* Date *10-25-16*

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION
 On 1/13/15, the home had a coliform test completed. However, the next coliform test was not completed until 8/9/15. The home is not connected to a public water supply and uses well water.

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 Checklist has been compiled for Coliform Test to be done in a timely manner.
 Admin. Acknowledges the Importance of safe water for cooking, drinking & Bathing.
 A Reminder will be done as to proper date & month to prevent this from further violations.
 Admin. will be responsible for taking test to Lab.

Immediately: The administrator shall develop and implement a schedule to have a coliform water test at least every 3 months by a Department of Environmental Protection-certified laboratory. Documentation shall be kept. *12-22-16 ✓*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaur* Date *10 25 16*

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(d) - If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

2a. DESCRIPTION OF VIOLATION
 On 12/29/15, the home completed a coliform test with a positive reading. The home took no remediation steps.

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 Policy has been compiled for ANY Positive Coliform Results.
 Admin. had dropped the lid for the test bottle which had contaminated the water.
 A new test was completed and was negative.
 P.C. Home has a Ultra Violet light which destroys bacteria as it passes thru but Admin should have retested immediately.
 Future tests will be done on time and check list will be followed
 Copy of checklist enclosed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaur* Date *10 25 16*

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, the window to the shared bedroom of resident # 4 and resident # 9 was open approximately three inches. The opening was not screened.

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.

Screens were put IN PLACE DURING INSPECTION.

Residents were Informed AS WELL AS STAFF on the IMPORTANCE of Keeping Insects out by using Screens.

Checklist HAS BEEN FORMED AS A REMINDER to see that Screens Remain INTACT.

Admin. will check weekly - Staff were educated to check DAILY.

Attached to page "5" DAILY OUTSIDE CHECKLIST includes checking for Screens.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbarger Date 10-25-16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, the hinged portion of the grab bars mounted to the upstairs common bathroom toilet seat was rusted.

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.

Admin. has Acknowledged that due to our "HARD WATER" we have A problem with RUST.

We have A WATER Softner But the metal on the GRAB BARS Rust Due to the Toilet moisture.

Admin. Spray painted the GRAB BAR Behind the seat however it will Rust Again so Staff have Been Reeducated IN proper cleaning & SPRAY PAINT the hinges until Another solution to the RUST is found.

Immediately: A designee shall check the home daily to ensure furniture and equipment is in good repair, clean and free of hazards. If furniture or equipment is in disrepair and cannot be repaired, cleaned or is hazardous immediately it shall be immediately removed from service. 1-20-16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Cheryl Sensenbaurer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbaurer Date 10-25-16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki PCH Name: EVANS PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.	
2a. DESCRIPTION OF VIOLATION On 5/26/16, there were two oval rust colored spots on the upstairs bedroom window curtain measuring approximately 8" by 4".	
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>	
Admin. Changed these drapes during INSPECTION.	
Drapes were clean. but did have A Rust spot from the AIR conditioner	
Admin. Disposed of drapes that HAD the spot on them.	
Checklist will be followed for APPEARANCE reasons it makes things look unclean so as not to use items again.	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbarger Date 10 25 16	
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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, the kitchen refrigerator contained the following:
 * An 88oz cottage cheese container containing hot sausage. The container was not dated.
 * A 4 pound Original Potato Salad container containing sausage gravy. The container was not dated.
 * A 9" by 9" reusable plastic container ½ full of cheese. The container was not dated.

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

Admin. + Staff will be educated in Responsibilities of Dating + Sealing food items to prevent spoiling.

Daily Checklist compiled to check Refrig. daily at 8pm.

Immediately: A designee shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled, dated, stored in closed or sealed containers and that food is not stored on the floor.
 12-20-16r

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

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

Date 10 25 16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, the temperature of the freezer section of the white kitchen refrigerator freezer measured 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.

Admin. & Staff have formed a checklist Regarding Refrig. Temp. to Prevent food from spoiling.
 Staff will check daily
 Admin. will check weekly.
 If the seal needs replaced because Temp is not where it should be then Refrig. will be replaced.

Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 11-20-16

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 (Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbarger Date 10 25 16

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Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16, there was an open and unsealed 48oz bag, 1/3 full, of chicken in the freezer section of the white kitchen refrigerator freezer.

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.

Admin & Staff will check food daily for proper dates & storage to prevent freezer burn or spoilage. Check list has been formed to prevent this from reoccurring.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved in food preparation, serving and storage shall be educated on the requirement to store food in closed or sealed containers. Documentation of education shall be kept. 12-20-16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbaurer Date 10 25 16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

On 5/26/16, there was a fire extinguisher in the basement with an annual inspection tag date 8/23/14 and another fire extinguisher without an inspection tag.

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 Extinguishers were still marked "Full"
 3 are checked yrlly By Fire Fighters Assoc. AND DATED. + Refilled.
 The other 2 were extra for the Home AND NOT Required But Admin. Kept them AS extra.
 The "Extra" have Been Disposed of AS to NOT Interfere with the Regulation Size.

Immediately: The administrator or designee shall schedule all fire extinguishers to be inspected and approved annually and follow up to ensure all fire extinguishers were inspected in accordance with regulation 2600.31(f).

12-21-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cheryl Sensenbaugh	10-25-16

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

The above plan of correction is approved as of 1-6-17
 (Date)

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

Plan of correction implementation status as of 1-6-17
 (Date)

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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 On 10/12/15, the home's fire safety expert specified a fire safe evacuation time of 2 minutes and 33 seconds. The home exceeded the 2 minute and 33 second safe evacuation time during fire drill as follows:
 On 5/28/16 at 9:45 a.m., - 2 minutes and 40 seconds
 On 4/12/16 at 10:20 p.m., - 3 minutes and 20 seconds
 On 11/6/15 at 9:50 p.m., - 2 minutes and 44 seconds

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.

Residents & Staff have been educated in the importance of evacuation for fire drills in a favorable time frame for safety.

Residents have improved their evacuation time.

Enclosed is a copy of more recent fire drills.

See Page 16A of 20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sensenbaugh</i>	Date <i>10 25 16</i>
---	----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</u> (Date)
The above plan of correction was approved by <u><i>CS</i></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

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JAN 03 2017

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 10/12/15, the home's fire safety expert specified a fire safe evacuation time of 2 minutes and 33 seconds. The home exceeded the 2 minute and 33 second safe evacuation time during fire drill as follows:
On 5/28/16 at 9:45 a.m., - 2 minutes and 40 seconds
On 4/12/16 at 10:20 p.m., - 3 minutes and 20 seconds
On 11/8/15 at 9:50 p.m., - 2 minutes and 44 seconds

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

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 drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).
Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:
* Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months
* If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.

12-27-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaker

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

Cheryl Sensenbaker

Date 12-27-16

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

The above plan of correction is approved as of 1-6-17
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on [redacted] 15. However, the resident's initial medical evaluation was not completed until 1/15/16.

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.

Resident med eval was not done in appropriate time due to Dr. office Appt. schedule.

Future med EVAL. will be done on a more "urgent" level

Checklist has been formed for Admin. to follow for items to be done according to time frame allowed.

Immediately: The administrator or designee shall review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation shall be scheduled immediately. 12-20-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) Cheryl Jensenbausher

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Jensenbausher Date 10 25 16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</u> (Date)
The above plan of correction was approved by <u>[initials]</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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Haloperidol LAC 2mg/ml con, give 2.0ml (4.0mg) twice daily. The medication container did not have a label.

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.

Admin. Replaced LABEL AND ORIGINAL CONTAINER FOR HALOPERIDOL ON DAY OF INSPECTION.
 PHARMACY SENT OUT NEW LABEL.
 FUTURE ERRORS WILL BE CORRECTED WHEN MEDS ARE DELIVERED AND PHARMACY WILL BE NOTIFIED BY ADMIN. OR STAFF.

Immediately: A designee qualified to administer medications shall complete an initial and monthly audit of the medication carts and any other medication storage areas to ensure all prescription medications are labeled with a pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber and match the prescription. 12-20-16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbaugh Date 10 25 16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</u> (Date)
The above plan of correction was approved by <u>CS</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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Amiloride HCL 5mg one tab every morning. The medication was discontinued, not in the home and not available. However staff person **B** signed the medication administration record as administering the medication on 5/26/16 at 8:00 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.

Admin. Contacted Pharmacy during Inspection
 And A New MAR WAS Replaced.

Future Meds that Are Discontinued or
 Added will Be MARKed on old MAR
 As to NOT have this Violation Again.

Re education WAS given to Remind
 ALL that if AN order is given By
 DR. to Immediately ADD or D/c on
 MAR Book. & Date Along with FAX
 to Pharmacy of D/c order if DR.
 office DID NOT ALREADY Do this.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaur*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cheryl Sensenbaur Date 10 25 16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</u> (Date)
The above plan of correction was approved by <u>/s/</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

Violation Report: 41737 - 05/26/2016 - Pfaff, Vicki	
PCH Name: EVANS PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.252 - Each resident's record must include the following information: (1) through (26)	
2a. DESCRIPTION OF VIOLATION On 2/26/16, resident #1's record did not contain a photograph of the resident. On 5/26/16, resident #3's record did not contain a photograph of the resident.	
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>	
Residents Photo's were on Camera CARA Staff + Admin have formed a checklist for future photos for yaly DATE. Re education for Staff was completed on the importance of having a photo of Resident for New Staff for medication or in the event a Resident is Reported Missing.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/21/2014
Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh	Date 10 25 16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</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

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NOV 23 2016

Page 2 of 8

Violation Report: 41737 - 10/26/2016 - Pfah, Vicki
PCH Name: EVANS PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION
The home has not had a coliform water test completed since 7/14/16. The home is not connected to a public water source and uses well water.

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

The Admin. Acknowledges the Importance of Water Tests Done IN A Timely MANNER TO ENSURE SAFE DRINKING WATER.

A Schedule has been AAdPTed So AS to Not FALL Behind on Dates to Be Done IN the Time Frame for State Regs.

Attached is the Current LAB Record Showing Test was completed for October - Next one Due JAN 2017

Immediately: The administrator shall develop and implement a schedule to have a coliform water test at least every 3 months by a Department of Environmental Protection-certified laboratory. Documentation shall be kept. 12-20-16 y

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sena-Saunders

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sena-Saunders Date 11-9-16

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

The above plan of correction is approved as of <u>1-6-17</u> (Date)	Plan of correction implementation status as of <u>1-6-17</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

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NOV 23 2016

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.103(a) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following items were located in the refrigerator section of the kitchen refrigerator/freezer:
* An undated bag of approximately 3 3/4lb yellow American cheese
* An undated, large clear bag of mashed potatoes
* An unlabeled and undated 45oz square plastic Blue Bonnet container with a chunk of beef roast
* An unlabeled and undated clear square container with a purple lid containing sausage gravy
* An unlabeled and undated 240oz cottage cheese container that was 1/4 full of cooked ground meat

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.

Admin. has charted a log to be Done Daily for ALL Items to be Dated, Sealed & Labeled for safety of Proper Storage.
Log is signed Daily.

Immediately: A designee shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled, dated, stored in closed or sealed containers and that food is not stored on the floor. Within 30 days of receipt of the accepted plan of correction: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling, dating, storing food in closed or sealed containers and not storing food on the floor. Documentation of education shall be kept.

12-20-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Senanbarger

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

Date 12-19-16

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

The above plan of correction is approved as of 1-6-17 (Date)

Plan of correction implementation status as of 1-6-17 (Date)

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

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

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NOV 23 2016

Page 4 of 8

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m. and at 2:25 p.m., the temperature of the refrigerator in the home's kitchen measured 45 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.

Refrigerator is checked Daily
& log kept as to proper Temp
To ensure food is stored at
Right Temp.
Seal was not allowing proper temp.
Refrig. was replaced.

Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.
Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.
Documentation of education shall be kept. 12-20-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaurer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaurer Date 11-18-16

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

The above plan of correction is approved as of 1-6-17 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 1-6-17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

NOV 23 2016

Page 5 of 8

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following items were located in the refrigerator section of the kitchen refrigerator/freezer:
* An unsealed deli bag of approximately 2lbs of sliced pepperoni
* An opened, uncovered 16.25oz can of Sweet Harvest yellow peach slices with what appeared to be mold on the peach slices.
* An opened, uncovered 20oz can of Essential Everyday pineapple slices

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 food items are checked, labeled and sealed daily

log is kept & signed daily

Dates on ALL items to ensure proper storage & temp.'s checked daily.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved in food preparation, serving and storage shall be educated on the requirement to store food in closed or sealed containers. Documentation of education shall be kept. 12-20-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenig

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

Cheryl Sensenig

Date

11-19-16

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

The above plan of correction is approved as of 1-6-17
(Date)

Plan of correction implementation status as of 1-6-17
(Date)

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

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

RECEIVED

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

NOV 23 2016

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a bag containing 3 broken links of sausage with spots of what appear to be mold and a 15.25oz can of Sweet Harvest yellow peach slices with what appears to be mold on the peach slices in the refrigerator section of the kitchen refrigerator/freezer.

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.

Items were disposed of on DATE of Inspection.
CAN had been pushed to BACK of Fridg & overlooked, Sausage had grease on it. But was disposed of
ALL Items are to be properly stored & Dates checked - NO CANS will be permitted for storage.
Staff were instructed on proper labeling, Dates, & storing of all food.

See Page 6 of 8

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensabaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensabaugh Date 11-19-16

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

The above plan of correction is approved as of 1-6-17
(Date)

Plan of correction implementation status as of 1-6-17
(Date)

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

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

RECEIVED

JAN 03 2017

Violation Report: 41737 - 10/26/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There was a bag containing 3 broken links of sausage with spots of what appear to be mold and a 15.25oz can of Sweet Harvest yellow peach slices with what appears to be mold on the peach slices in the refrigerator section of the kitchen refrigerator/freezer.

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 accepted plan of correction: A designated staff person shall check all food storage areas weekly including refrigerators and freezers to ensure there are no outdated or spoiled foods. Any outdated or spoiled food will be immediately disposed of.

12-20-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaur

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaur Date 12 27 16

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

The above plan of correction is approved as of 1-6-17
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

RECEIVED

NOV 23 2016

Page 7 of 8

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 16. The home has not had a medical evaluation completed for resident #1.

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 was a re-admission oversight as to a new med. eval because [redacted] previous one was in [redacted] old records. Personal Care Home is in the process of getting a new evaluation done.

Records of dates will be kept for upcoming ~~med~~ med eval. for residents.

A checklist has been completed for all new residents to follow

Immediately: The administrator or designee shall review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation shall be scheduled immediately.

12-20-15

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbauer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbauer Date 11-9-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1-6-17 (Date)

Plan of correction implementation status as of 1-6-17 (Date)

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

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

RECEIVED

NOV 23 2016

Violation Report: 41737 - 10/25/2016 - Pfaff, Vicki
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2 had a medical evaluation completed on 2/20/15. However, the resident's next medical evaluation was not completed until 4/13/16.

Resident #3 had a medical evaluation completed on 8/5/15. However, the resident's next medical evaluation was not completed until 9/1/16.

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.

All Residents will Have Appt. for yearly Med eval. done in appropriate time AS to not overlap previous yr.

Log will be kept as to time frame for - ~~Physical~~ Physicals, Photo's, and Appt. to ensure Med EVAL. are done in time

Immediately: The administrator or designee shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

12-26-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Senbandaru

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

Cheryl Senbandaru

Date

11-19-16

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

The above plan of correction is approved as of 1-6-17
(Date)

Plan of correction implementation status as of 1-6-17
(Date)

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

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