



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

Mr. George Knox, Owner/Administrator
Trinity Oaks, Inc.
117 Shady Rest Road
Ellwood City, Pennsylvania 16117

RE: Trinity Oaks II
License #: 458570

Dear Mr. Knox:

As a result of the Department of Human Services' annual licensing inspection on June 3, 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: TRINITY OAKS II		License Number: 45857
Address: 117 SHADY REST ROAD, ELLWOOD CITY, PA 16117		County: Beaver
Administrator: GEORGE KNOX		Region: WEST
Legal Entity Name: TRINITY OAKS INC		
Legal Entity Address: 117 SHADY REST ROAD, ELLWOOD CITY, PA 16117		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/19/1998 Labor & Industry		AUG 03 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 26	Working Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/03/2016: Flinner-Alman, Lisa; DeLuca, Santo		
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: 30	Number of Residents who:	
Number of Residents Served: 22	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 22	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 4	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3		

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's reportable incident policy does not indicate the home will report an incident or condition to the Department within 24 hours.

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.

Attached

See Page 2A of 15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *George Knox - Admin* Date *8-1-2016*

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

The above plan of correction is approved as of 8/16/16
(Date)

Plan of correction implementation status as of 8/16/16
(Date)

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

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

AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.16(b)

1. This regulation is important because it sets the standards for our home to report incident and conditions to the state. These procedures when implemented make the reporting process less stressful for the reporter and state agencies. Also these procedures can be used as a guideline for administration to use so they meet all state requirements and in the proper amount of time.
2. During the 2016 review of our procedures, the administrator accidentally left out the condition that the home must report within 24 hours. Since this was missing from our policy we were in violation.
3. The violation was caused by not having a proper set of guidelines set up to follow when rewriting the policy in the new year.
4. The policy was immediately updated notification of the mistake. It now reads that the home/administrator must report to the state within 24 hours.
5. The home has made a checklist of the proper elements required in the policy. Each year when the administrator goes over the policies for update they will use the checklist to make sure it meets all the proper requirements. This checklist will also be updated year or when changes occur with the state's own policy on such issues.
6. The administrator coupled with his administrative assistants will be responsible to make sure the policy's meet all state requirements.

[Handwritten signature]
8/1/16

Admin
A. Knox 8/1/16

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 10:04 a.m., the following resident information was unlocked, unattended and accessible in staff person A, the administrative assistant's office:

- An invoice, indicating monthly charges, addressed to resident #1's insurance company
- A transfer sheet containing resident #2's social security number, date of birth, diagnoses, medications and physician name

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

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

1. Assure that Confidential info is maintained to prevent unauthorized access.
2. Confidential material pertaining to two residents were left out on desk of supervisor while she was attempting to retrieve a chart the inspectors had as for.
3. Carelessness of employee's part caused the incident
4. Administrator reviewed with employee about locking the door whenever she leaves office -
5. Periodic check by administrator to ensure employee complies, ^{at least weekly} ~~at least weekly~~ ^{8/1/16} ~~each other~~ - DAILY

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>George Knox Admin</i>	Date <i>8-1-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/1/16</u> (Date)	Plan of correction implementation status as of <u>8/1/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 08 2016

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa Code Chapter 2800 (relating to assisted living residences). The home is currently using the term "Assisted Living Services" on its letterhead. An invoice, dated 6/2/16, on the home's letterhead addressed to resident #1's insurance company was in staff person A's office.

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.

attached

See Page 4A of 15

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/12/2014

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GEORGE KNOX Admin* Date *8-1-16*

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Plan of correction implementation status as of *8/16/16* (Date)

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- Not Implemented

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AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.18

1. This regulation is important because its Federal and State laws must be followed. When it comes to using the term "assisted living" we have to be careful not to use it we do not provide those services. By using the term "assisted living", we have mislabeled our services and that may become confusing for state agencies and customers alike.
2. The regulation was violated when the home administrator mislabeled an insurance letter for a resident with "assisted living" rather than Personal Care.
3. The violation was caused by a mislabeled sheet of paper and the staff person who made it not properly checking their work before printing a final copy.
4. The words "assisted living" has been wiped from that document. Also the home reviewed all documents and found that the words "assisted living" is nowhere else to be found.
5. In the future and documents produced by the office will not use the words "assisted living". Before completion of a new document office staff will have to submit anyone person for review.
6. All staff working with paper will be tasked with making sure that the words "assisted living" is no longer in use. If staff would find a document with those words on it they would fix that document immediately.

[Handwritten signature]
8/16/16

Admin
El Knox 8-1-16

AUG 09 2016

Violation Report: 45857 - 06/03/2016 - Flinner-Aiman, Lisa

PCH Name: TRINITY OAKS II

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

Direct care staff persons A, hired on [redacted] 16, and B, hired on [redacted] 16, provide unsupervised ADL services. However, neither of the staff have successfully completed the Department-approved direct care training course and passed 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.

Attached

See Page 5A of 15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/12/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox

Date

8-1-16

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

The above plan of correction is approved as of

8/16/16
(Date)

Plan of correction implementation status as of

8/16/16
(Date)

The above plan of correction was approved by

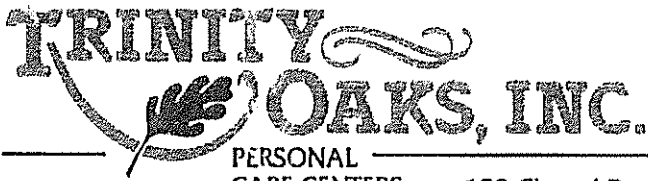
[Signature]
(Initials)

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AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing



Come On Home

PERSONAL
CARE CENTERS

160 Chapel Road • Beaver, PA 15009 • 724-728-6257 • Fax [REDACTED]

2600.65(d)

1. Staff and auxiliary staff need to be trained properly in regulations. This ensures an immediate response to emergency situations with confidence from staff - keeping our residents safe.
2. Two staff members did not have direct care training
3. Carelessness of administrator or designee
4. Staff Person A - no longer employed
Staff Person B - [REDACTED] has since taken training and passed.
5. Staff training done and completed day of employment before doing any direct care.
6. Administrator or designee will check records of new employee in timely manner, prior to staff providing unsupervised direct care services, to ensure all training is complete and documented in the employee's record.

B. Knox 8-1-16 Admin

[Signature]

[Signature]

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The vinyl was cracked and torn on resident #3's left wheelchair armrest as follows:

- The outer edge was cracked approximately 3 1/2" by 1/8"
- The front left side had a hole approximately 1/2" diameter exposing the foam

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.

attached

See Page 6A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

GEORGE KNOX

Date *8-1-16*

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The above plan of correction is approved as of 8/16/16
(Date)

Plan of correction implementation status as of 8/16/16
(Date)

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

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- Not Implemented

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AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.31(b)

1. This regulation is important because of resident safety. As we age our skin become thinner and tears easier. For instance, the cracked vinyl could tear skin causing health problems for the resident.
2. The regulation was violated when a resident's personal wheelchair was inspected in the home. It was found that due to wear and tear the resident's wheelchair had some cracked vinyl on the arm.
3. The cracked vinyl on the wheelchair caused the violation.
4. Measurements were taken for the wheel chair arms for replacement pads. These pads upon arrival were installed and the resident was not longer in danger of skin tears on their arm.
5. Policy has been introduced into our maintenance department to do monthly checks of all resident equipment. Any repairs needed will be done at that time and if parts aren't on hand they will be ordered with the soonest delivery option available. The home will also keep a back up walker and wheelchair incase the piece of equipment is out of working order for some time, that will insure resident safety and happiness.
6. All staff will be required to speak up if they notice any malfunctioning or worn equipment so maintenance staff can fix it.

A 8/16/16

Admon
8-1-16

Violation Report: 45857 - 03/03/2016 - Flinner-Alman, Lisa

PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A green liquid in a spray bottle with "Degreaser" handwritten on it, was in a bin under the kitchen sink. According to staff person D, the administrator, it was Simple Green Cleaner and Degreaser.

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

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

1. Decreases the chances of a resident or staff mistakenly taken a poisonous substance when they think its harmless -
2. Chemical in an unlabeled spray bottle easily accessible to residents - not with company sticker
3. Employee purposely transferred chemical to spray bottle from original containers
4. Throw away the bottle
5. Staff especially cook and cleaners - again reprimanded about unlabeled bottles and transferring liquid -
6. All staff will be responsible - This incident should have never happened. Supervisor or designee will check carts weekly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox - Admin

Date

8-1-16

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

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8/16/16
(Date)

Plan of correction implementation status as of

8/16/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

AUG 03 2016

Violation Report: 45857 - 06/03/2016 - Flinner-Aiman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

There was splattered and dried-on food inside the microwave, which covered the top, bottom and sides.

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

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

1. Clean surfaces minimize the risk of infection to staff and residents and decreases animal and insect infestation
2. Microwave needed cleaned
3. Staff person did not clean microwave after use
4. The microwave was cleaned by cooking staff
5. Administrator reminded cook of her duties in the kitchen -
6. Cook will be responsible for keeping microwave clean - Administrator or designee will check periodically the microwave to ensure rule is followed - *at least weekly* 8/16/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date 8-1-16

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

The above plan of correction is approved as of

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(Date)

Plan of correction implementation status as of

8/16/16
(Date)

The above plan of correction was approved by

(Initials)
(Initials)

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

Violation Report: 46857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The exterior step, which is approximately 1 1/2" high, leading from the dining room to outside of the home does not have a handrail.

The exterior step, which is approximately 2" high, at the exit door leading from living room to the side yard does not have a hand rail.

The front slab of concrete leading to the front door, which is approximately 3/4" high and 41" in length, does not have a hand rail.

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.

Attached

See Page 9A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date *8-1-16*

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8/1/16
(Date)

Plan of correction implementation status as of

8/16/16
(Date)

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[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

Page 9A of 15 RECEIVED

AUG 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.93(a)

1. This regulation is important because residents need something to hold onto to safely exit the building. With any step no matter how small proper railings insure safety for residents and guest alike.
2. Three of our exits here at the home did not have a proper railing on the day of inspection.
3. The violation was caused by the thresholds of the current replacement doors being higher than previous doors.
4. All three doors have had sturdy handrails installed.
5. In the future when it comes to exterior exits the of homes maintenance staff will be given a checklist of requirements to be met with door and paths outside the doors before work can be completed. This implementation with stop maintenance from missing any key safety features that must be installed.
6. Maintenance staff will be responsible for making sure handrails are installed and sturdy. Administration of the home will also check on the rails periodically to make sure no adjustments or fixes are needed.

J. 8/16/16

Admin
J. Knox 8-1-16

RECEIVED

AUG 03 2016 Page 10 of 15

Violation Report: 45857 - 06/03/2016 - Fllnner-Alman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 6/3/16, the home served 21 residents. The home has a contract with Dalton's Service Company for emergency water delivery; however, the contract does not include a guarantee that the water will be delivered immediately upon request, 24-hours-per-day. The letter indicates water would be delivered within 24 hours. The home does not store any emergency drinking water on-site.

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

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

- ① Ensure adequate supply of water in regional emergency
- ② Water Supply letter did not state emergency water was regional
- ③ Omission of word regional
- ④ Water service notified to re-write letter
- ⑤ Carefull attention to correspondence from out sourced companies
- ⑥ Administrator + water co.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/12/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *George Knox Admin*

Date *8-1-16*

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(Date)

Plan of correction implementation status as of 8/16/16
(Date)

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(Initials)

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Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
 PCH Name: TRINITY OAKS II

AUG 03 2016

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 According to multiple interviews, staff are informed in advance when a fire drill is to be held.

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

1. Fire drills will be unannounced to ensure residents will be prepared to evacuate without hesitation -

2. Residents stated they were aware when a drill was going to happen -

3. Notification given to staff

4. No notice to anyone - Administrator's Knowledge only -

5. Monthly fire drills - Planned by administrator or designee with no notice to any staff

6. Administrator or designee will schedule drills

Fire drills conducted on 6/13/16 at 11 pm, 7/12/16 at 9am, 8/11/16 at 6am, and 9/10/16 at 2:30 pm were unannounced. *[Signature]*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *George Knox Admin* Date *8-1-16*

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Not Implemented

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AUG 03 2016

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa

PCH Name: TRINITY OAKS II

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
There was not a fire drill conducted during sleeping hours once every 6 months. Seven months elapsed between the drills held on 5/12/15 at 6:00 a.m. and 12/16/15 at 6:00 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.

ATTACHED

See Page 12A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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George Knox

Printed Name and Title of Legal Entity Representative
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George Knox Admin

Date 8-1-16

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9/20/16
(Date)

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9/20/16
(Date)

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(Initials)

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2600.132(e)

July 28-2016

1. fire drills Keep staff and residents prepared to evacuate with no hesitation during a real fire
2. failure to have fire drill in appropriate time frame
3. miss calculation by administrator
4. have a nite fire drill immediately
5. Plan fire drills more carefully - set them up for six months at a time -
6. Administrator is responsible as his designee -

Sleeping hours fire drill conducted
at 11:15 pm on 6/13/16.

Admin
D. Knox 8-1-16

AUG 08 2016

Violation Report: 45857 - 08/03/2016 - Flinner-Alman, Lisa

PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

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 #4 is prescribed Metoprolol 25mg, 1 tablet twice a day, however, the label indicates 50mg, 1 tablet twice a day.

Resident #5 is prescribed Metoprolol ER 25mg, 1 tablet daily, however, the label indicates 1 tablet twice a day.

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

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

Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox Admin

Date

8-1-16

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

The above plan of correction is approved as of

8/16/16
(Date)

Plan of correction implementation status as of

8/16/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

2600.184(a)

July 28 - 2016

1. All medications must have the proper dose - name of med - residents name correct script - date and prescribers name and title -
2. The original label was not correct on the bottle and probably not on the MAR'S.
3. A dose change sticker was not placed on bottle by pharmacy or had fallen off.
4. The MAR'S needed to be corrected and a order sent by physician noting the change - (attached)
5. A medication review will be completed at least monthly by administrator or designee - to ensure medication is properly labeled and only current meds are in cart

Sup/MS/BSA

Immediately - All staff who administer medications will be redirected to check medication label to ensure it matches MAR. Any discrepancies will be resolved by contacting prescriber to verify current written order.

Admin
J. Krop
8-1-16

Violation Report: 46857 - 06/03/2016 - Flinner-Aiman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Florastor 1 capsule twice a day. However, the medication, dose and frequency of administration are not indicated on the medication administration record.

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.

Attached

See Page 14a of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

GEORGE KNOX

Date

8-1-16

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PERSONAL
CARE CENTERS

160 Chapel Road • Beaver, PA 15009 • 724-728-6257 • Fax [REDACTED]

2600.187(a)

7-28-2016

1. The MAR creates a complete record of meds given to resident - These records are used by all personnel that would inquire about their meds -
2. Mar didn't have med listed
3. Oversight of person copying the meds.
4. Med should be immediately written in by medication nurse or supervisor -
5. Administrator or designee needs to review charts weekly - Any drugs brought periodically after hospitalization or doctors visits
6. The administrator designee will conduct a medication audit ^{at least monthly} ^{7/28/16} to ensure all meds are indicated on the MAR and that the MAR is complete.

G. Knox Admin

8-1-16

B-8/16/16

AUG 08 2016

Violation Report: 45857 - 06/03/2016 - Flinner-Alman, Lisa
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's record accessibility policy does not indicate where the records are stored.

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.

Attached

*Record policy updated to include location of medical records storage.
JL 8/16/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

George Knox

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

George Knox

Date *8-1-16*

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(Date)

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8/16/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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