



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC
LEGAL ENTITY

To operate MEMORY MEADOWS PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 321 GODFREY ROAD, LEECHBURG, PA 15656
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 16, 2016 until November 16, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447050**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2016

Ms. Denise Ross, Owner
Ross Memory Meadows, ALF, LLC
325 Godfrey Road
Leechburg, Pennsylvania 15656

RE: Memory Meadows Personal Care Home
321 Godfrey Road
Leechburg, Pennsylvania 15656
License #: 447050

Dear Ms. Ross:

As a result of the Department of Human Services' annual licensing inspection on June 8, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: MEMORY MEADOWS PERSONAL CARE HOME		License Number: 44706
Address: 321 GODFREY ROAD, LEECHBURG, PA 15656		County: Armstrong
Adminstrator: Denise Ross		Region: WEST
Legal Entity Name: ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC		
Legal Entity Address: 325 GODFREY ROAD, LEECHBURG, PA 15656		
Certificate(s) of Occupancy SP 08/30/1993 PA L&I		RECEIVED OCT 06 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 3	Total Daily Staff: 7	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 06/08/2016: Pfaff, Vicki; Eveses, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 3 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 3 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

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Page 2 of 12

Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 Pa.Code §2600
2600.41(b) - Notification of rights and complaint procedures shall be communicated in an easily understood manner and in a language understood by or mode of communication used by the resident and, if applicable, the resident's designated person.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on [redacted] 10. However, the home has no documentation that the resident was educated on the resident rights.

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.

2600.41 The Supervisor reviewed the Resident Rights with Resident #1. A copy was offered to the Resident. The Resident Rights are part of the admission packet and posted on the facility bulletin board. All current Resident charts have been checked to assure compliance. The Administrator or designee will audit charts of new admissions within 72 hours of admission to assure all required paperwork has been obtained to maintain compliance.

Corrected 10/3/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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

The above plan of correction is approved as of 10-26-16
(Date)

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

Plan of correction implementation status as of 10-26-16
(Date)

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

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Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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] 16 providing unsupervised direct care services. However, a criminal history background check was not completed for direct care staff person A until 6/8/16.

Direct care staff person B started working in the home on [redacted] 16 providing unsupervised direct care services. However, a criminal history background check was not completed for direct care staff person B until 6/8/16.

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.

2600.51 A background check was performed on staff person A and B. Background checks will be completed upon hire or within 30 days of hire. Any employee who begins work without a background check will be supervised when providing direct care services. Current employee files have been checked to assure compliance. All employee files will be audited by the Administrator or designee within 30 days of hire to assure background checks are complete for ongoing compliance.

Corrected 10/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross Owner/Administrator* Date *10-4-16*

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The above plan of correction is approved as of 10-26-16 (Date)

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

Plan of correction implementation status as of 10-26-16 (Date)

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

Violation Report: 44705 - 05/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 C started working in the home on 10/1/16 providing unsupervised direct care services. There is no documentation that direct care staff person C has a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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

2600.54 A high school diploma has been obtained for staff person C. A copy of the employees high school diploma will be obtained upon hire. Current employees charts have been checked to assure compliance with this regulation. The Administrator and or designee will check all employee files within 30 days of employment to assure ongoing compliance.

Corrected 10/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise Ross Owner/Administrator Date 10-4-16

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Plan of correction implementation status as of 10-26-16 (Date)
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 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person D started working in the home on [redacted] 16. Direct care staff person D did not receive training in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act or reporting of reportable incidents and conditions within 40 scheduled working 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.

2600.65(b) Staff person D has received Mandatory reporting of abuse and neglect training under the Older adult Protective Services Act. All employees will receive mandatory training within 40 working hours of employment. Current employee files have been checked to assure compliance with this regulation. The Administrator or designee will audit the orientation check list within 40 scheduled working hours to assure ongoing compliance of mandatory training.

Corrected 10/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross, Administrator* Date *10-4-16*

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

The above plan of correction is approved as of 10-26-16
(Date)

Plan of correction implementation status as of 10-26-16
(Date)

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

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

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Page 6 of 12

Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 started working in the home on [redacted] 16 providing unsupervised direct care services. However, direct care staff person A has not completed the Department-approved direct care staff training and passed the competency test.

Direct care staff person [redacted] started working in the home on [redacted] 16 providing unsupervised direct care services. However, direct care staff person C has not completed the Department-approved direct care staff training and passed the competency test.

Direct care staff person [redacted] started working in the home on [redacted] 16 providing unsupervised direct care services. However, direct care staff person D has not completed the Department-approved direct care staff training and passed the competency test.

3. PLAN OF CORRECTION
Include steps immediately, if

2600.65 Direct care staff persons A, C and D have all taken the Departments approved direct care staff training and passed the competency test. All Direct care staff will receive and pass the Direct care staff training prior to providing unsupervised care. Current employee files have been checked to assure compliance with this regulation. The Administrator or designee will audit all new employee files within 30 days of hire to assure ongoing compliance of mandatory training. Corrected 10/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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

The above plan of correction is approved as of 10-26-16 (Date)

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

Plan of correction implementation status as of 10-26-16 (Date)

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

Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered trash can by the front walkway of the home. There was a small trash bag in the trash can.
 There was a large capacity trash bag on the ground by the pavilion picnic table. The trash bag was ¾ full.

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.

2600.85 All trash will be placed into trash receptacles with lids. A dumpster with attached lids has been placed on the premises for trash. The staff has been educated on proper disposal of all trash. The Administrator and designee will monitor receptacles on a regular basis to assure ongoing compliance. Results of audits will be discussed at staff and quality management meetings. Staff education and disciplinary action will be given as necessary.

Corrected 10/3/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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

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

Plan of correction implementation status as of 10-26-16 (Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44705 - 09/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS 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
The chest style freezer in the smoking room did not contain a thermometer.

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

2600.103 A thermometer was placed inside the chest freezer in the smoking room. Staff have been educated on the refrigeration and frozen food temperatures and the requirement of thermometers in all refrigerators and freezers. The Administrator and or designee will monitor refrigerators and freezers to assure thermometers are present to assure ongoing compliance. Results of audits will be discussed at staff and quality management meetings. Staff education and disciplinary action will be given as necessary.

Corrected 10/3/16

Immediately: Monitoring of refrigerator and freezer temperatures and the presence of a thermometer shall be completed daily and documented. 10-26-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/03/2016

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Raise Ross Administrator* Date *10-4-16*

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

The above plan of correction is approved as of 10-26-16 (Date)

Plan of correction implementation status as of 10-26-16 (Date)

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

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

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OCT 06 2016

Page 9 of 12

Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 5/16/16. However, the immunizations and resident's ability to self-administer medications sections were blank.

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.

2600.14 Residnet # 1 Medical evaluation was completed to include immunizations and ability to self administer medications. Medical evaluations will be checked for completion upon receiving from physician and corrections made if applicable. The Administrator and or designee will audit all resident charts within 30 days of admission and yearly for completion to assure ongoing compliance. Results of audits will be discussed at quality management meetings. Staff education and disciplinary action will be given as necessary.

Corrected 10/3/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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

The above plan of correction is approved as of 10-26-16
(Date)

Plan of correction Implementation status as of 10-26-16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *1*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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OCT 06 2016

Page 10 of 12

Violation Report: 44706 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

The kitchen refrigerator contained unlocked, unattended and accessible medications as follows:

- * Two Novolog flexpens belonging to resident #1.
- * Five Levimilr flexpens belonging to resident #1.
- * One Novolog flexpen belonging to resident #2.

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.

2600.183 (c) Prescription medication, OTC and CAM medications will be stored in a locked container when refrigeration is required. Insulin for Resident #1 and #2 was placed in a locked container in refrigerator. The staff have been educated on storage of medications requiring refrigeration. The Administrator will perform ongoing audits to assure ongoing compliance. The results of audits will be discussed at staff and quality management meetings staff education and disciplinary action will be given as necessary.

Corrected 10/3/16

Immediately: Audits to ensure compliance with regulation 2600.183(c) shall be conducted daily. 10-26-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Denise Ross

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

Denise Ross Administrator

Date

10-4-16

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The above plan of correction is approved as of

10-26-16
(Date)

Plan of correction implementation status as of 10-26-16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44705 - 06/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Robitussin AC, take 2 teaspoons (100ml) by mouth every 4 hours as needed. The home maintains a controlled medication record (CMR) for this medication. The CMR indicates 120ml delivered on 6/31/16 and eight doses of 10ml were administered from 6/31/16 through 6/5/16. On 6/8/16, the CMR indicated there should be 113ml remaining; however, there were only 70ml available for administration.

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.

2600.185 Resident #1 Robitussin AC dosages were corrected using actual doses signed for in Medication Administration Record. Staff was educated on the regulation requiring all controlled substances be accounted for at the end of each shift and the amount available should match the CMR discrepancies are to be reported to the Administrator or designee immediately. The Administrator will audit the CMR and controlled substances on a regular basis and review findings with staff at staff meetings to assure ongoing compliance. Staff education and disciplinary action will be given as necessary.

Corrected 10/3/16

Immediately! Administrator audits shall be conducted at least weekly 10-26-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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Plan of correction implementation status as of 10-26-16
(Date)

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

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

Violation Report: 44705 - 08/08/2016 - Pfaff, Vicki
PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

OCT 06 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's had an assessment completed on [redacted] 16. However, the assessment of the resident's medical needs section was blank. Resident #1 has diagnoses of Alzheimer's/Dementia COPD, A-Fib, Myocardial infarction, asthma, osteoporosis, vitamin D deficiency and Diabetes Mellitus.

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.

2600.225 Resident #1 Initial assessment was corrected and medical needs section completed. The Administrator and or designee will audit Assessments 15 days post admission to assure all sections are complete in entirety within 15 days of admission. Audit results will be discussed at quality management meetings.

Corrected 10/3/16

Immediately: The administrator or designee shall audit all current resident assessments for accuracy and completeness including resident diagnoses 10-26-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Denise Ross Administrator* Date *10-4-16*

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

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(Date)

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(Initials)

Plan of correction implementation status as of 10-26-16
(Date)

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