



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to STABON MANOR PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate STABON MANOR PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1555 HAAK STREET, READING, PA 19602

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 138
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 October 17, 2016 until April 17, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205121**

Robert E. Robinson

ISSUING OFFICER

Jay Baulk

DEPUTY SECRETARY

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.

HS 628 - 12/14



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

OCT 17 2016

Mr. Stanley P. Pilat, President/Administrator
Stabon Manor Personal Care Home, Inc.
1555 Haak Street
Reading, Pennsylvania 19602

RE: Stabon Manor Personal Care Home
License #: 205121

Dear Mr. Pilat:

As a result of the Department of Human Services' (Department) licensing inspections on June 24, 2016, June 30, 2016 and July 5, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #205120 dated August 27, 2016 to August 27, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 27, 2016 to August 27, 2017 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Stanley P. Pilat

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures

License

Licensing Inspection Summary

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metoprolol 50mg tablet - 1 tablet twice daily. On 5/3/16 at 8:00am this medication was not administered to the resident due to a pharmacy packaging error. This medication error was not reported to the Department as required.

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 home will train staff on the other 18 elements that make up reportable incidents as well to ensure ongoing compliance. ☐

All med techs were re-trained to report all missing medications/pharmacy errors to the Director of Wellness as soon as it is noticed. Director of Wellness will complete an incident report as required and put a plan in place to avoid this from occurring in the future. The Director of Wellness will perform periodic medication reviews to ensure all meds are correct without any pharmacy errors. The Administrator will monitor to ensure compliance,

Within 30 days of receipt of re-summation. The home will complete an initial audit of med orders to ensure they are correct. The home will retain documentation of this audit. ☐ 9/2/16

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) <u>Bonnie Dilat</u>	Date <u>8/19/16</u>
----------------------------------------------------------------------------------------------------	---------------------

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

The above plan of correction is approved as of 8/26/16
 (Date)

Plan of correction implementation status as of 8/26/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 6/22/16 staff assisted resident #1 to undress to bathe. When assisting the resident to undress, staff of the facility noted the resident's sock was sticking to the resident's foot. The resident's foot was observed to be black and rotted. A foul odor was also noted. The resident was transported to the Hospital for immediate treatment. The resident was admitted and diagnosed with gas gangrene of the resident's right leg. The resident's right leg required below the knee amputation. Department Representatives reviewed the Activities of Daily Living Log (ADL) for resident #1. It was determined that during the month of May 2016 and June 2016 resident #1 bathed only twice; 5/18/16 and 6/22/16, the day the resident was transported to the Hospital. Staff of the facility indicated that the resident refused to bathe, however it was determined staff did not use any positive interventions to assist the resident to bathe. Staff simply marked refused on the (ADL) Log. Based upon staff as well as resident interviews, resident #1 had exhibited a limp for more than a month. Staff of the facility stated resident #1 also indicated that the resident's shoes were too tight. Staff also stated that resident #1 was later observed wearing a different pair of shoes that were visibly too large for the resident, however resident #1 continued to indicate that the resident's feet hurt and the shoes were too small. An interview with resident #1 indicated that the resident requested to be evaluated by the podiatrist, however staff of the facility indicate that the resident refused to be evaluated by the podiatrist, most recently on 6/16/16. Resident #1 indicated that the resident did not report to the dining room on many occasions over the last month, due to severe foot pain and difficulty to walk. The facility documents resident attendance at all meals. From 6/16/16 through 6/17/16 and from 6/12/16 through 6/14/16 resident #1 did not attend any meals. The facility neglected to provide adequate care or secure proper medical care for the resident.

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.

See attached for response -

All new staff will also be trained regarding the importance of skin checks, need for regular baths & foot care to all residents, especially those residents w/ a dx of diabetes. AP. 9/2/16

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Date)

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(Initials)

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(Date)

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Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 6/22/16 staff assisted resident #1 to undress to bathe. When assisting the resident to undress, staff of the facility noted the resident's sock was sticking to the resident's foot. The resident's foot was observed to be black and rotted. A foul odor was also noted. The resident was transported to the Hospital for immediate treatment. The resident was admitted and diagnosed with gas gangrene of the resident's right leg. The resident's right leg required below the knee amputation. Department Representatives reviewed the Activities of Daily Living Log (ADL) for resident #1. It was determined that during the month of May 2016 and June 2016 resident #1 bathed only twice; 5/18/16 and 6/22/16, the day the resident was transported to the Hospital. Staff of the facility indicated that the resident refused to bathe, however it was determined staff did not use any positive interventions to assist the resident to bathe. Staff simply marked refused on the (ADL) Log. Based upon staff as well as resident interviews, resident #1 had exhibited a limp for more than a month. Staff of the facility stated resident #1 also indicated that the resident's shoes were too tight. Staff also stated that resident #1 was later observed wearing a different pair of shoes that were visibly too large for the resident, however resident #1 continued to indicate that the resident's feet hurt and the shoes were too small. An interview with resident #1 indicated that the resident requested to be evaluated by the podiatrist, however staff of the facility indicate that the resident refused to be evaluated by the podiatrist, most recently on 6/16/16. Resident #1 indicated that the resident did not report to the dining room on many occasions over the last month, due to severe foot pain and difficulty to walk. The facility documents resident attendance at all meals. From 6/16/16 through 6/17/16 and from 6/12/16 through 6/14/16 resident #1 did not attend any meals. The facility neglected to provide adequate care or secure proper medical care for the resident.

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 resident exercised [redacted] right to refuse all services. This caused a delay in finding the medical problem [redacted] was having. Upon my observation of [redacted] foot, I visually saw a dark discolored area from [redacted] toes to the mid section of [redacted] right foot. No rotting was seen upon examination. During the examination [redacted] admitted that [redacted] refusal were because [redacted] did not want to go to the hospital. [redacted] never reported foot pain [redacted] only told staff that [redacted] shoe did not fit well. Because of the report [redacted] made the nurse on duty checked [redacted] shoe but never thought there was a reason to take the shoe and sock off and check [redacted] foot. The nurse reported that [redacted] was pressing on the shoe with the foot on to check for proper fit and [redacted] never complained of pain. If the resident had been truthful with the staff from the beginning adequate medical care would have been secured. Upon asking the kitchen staff about the resident's attendance they confirmed that [redacted] did have meals. The kitchen staff also stated that it is not unusual for [redacted] to refuse one meal per day. Several trays were taken to [redacted] room because [redacted] complained of not feeling well. The flu was circulating through the facility at the time so this did not seem unusual. An odor was noticed 24 hours prior, staff checked the room thoroughly for the location of the odor. That is when [redacted] was asked to take a shower, which occurred with much resistance from the resident. The resident was asked how long this had been occurring and replied "I don't know, I didn't want to go to the hospital". [redacted] was also asked if it hurt and [redacted] replied "a little". [redacted] was seen up and walking without a limp the day prior to sending [redacted] to the hospital. As soon as the problem was discovered, the physician was notified immediately, he instructed staff to send [redacted] to St Joseph Hospital for treatment. The resident admitted to all hospital staff, Emergency staff, facility staff and doctors that [redacted] was purposely hiding this from the everyone. Upon interviewing [redacted] roommates they told me that [redacted] told [redacted] roommates not to say anything about it. The physician stated that gas gangrene is a rare fast growing type, therefore it may have only appeared within the hours to days prior to our discovery. It starts below the skin without color and then suddenly appears having an odor. Staff has received a re-training post this violation so they all understand the importance of skin checks, need for regular baths and foot care to all residents especially the residents that are diagnosed with diabetes. The Director of Wellness will monitor that the aides are following all protocol in place in regards to resident services required. The Director of Wellness will review all records to ensure that all residents are seeing their PCP on all regular schedule. Staff was instructed to report any refusals to the Director of Wellness who will talk to the resident in an attempt to make the resident agreeable and will also institute a plan on the RASP to ensure compliance.



The Adm and the Director of Wellness will make an effort to have resident accept necessary services or call the NERO/AAA for assistance/intervention.

The Adm will arrange w/ Berks County area agency to have a Staff training on issues of self-neglect and caregiver neglect - how to recognize, react and report. Positive interventions will be documented and returned in the home. 9/21/16

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

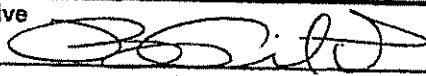
2a. DESCRIPTION OF VIOLATION

On 6/22/16 staff assisted resident #1 to undress to bathe. When assisting the resident to undress, staff of the facility noted the resident's sock was sticking to the resident's foot. The resident's foot was observed to be black and rotted. A foul odor was also noted. The resident was transported to the Hospital for immediate treatment. The resident was admitted and diagnosed with gas gangrene of the resident's right leg. The resident's right leg required below the knee amputation. Based upon staff as well as resident interviews, resident #1 had exhibited a limp for more than a month. Staff of the facility indicated that resident #1 also indicated that the resident's shoes were too tight. Staff also indicated that resident #1 was later observed wearing a different pair of shoes that were visibly too large for the resident, yet resident #1 continued to indicate that the resident's feet hurt and the shoes were too small. An interview with resident #1 indicated that the resident requested to be evaluated by the podiatrist, however staff of the facility indicate that the resident refused to be evaluated by the podiatrist, most recently on 6/16/16. The facility neglected to provide adequate care or secure proper medical care for the resident.

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

The resident exercised [REDACTED] right to refuse all services. This caused a delay in finding the medical problem [REDACTED] was having. Upon my observation of [REDACTED] foot, I visually saw a dark discolored area from [REDACTED] toes to the mid section of [REDACTED] right foot. No rotting was seen upon examination. During the examination [REDACTED] admitted that [REDACTED] refusal were because [REDACTED] did not want to go to the hospital. [REDACTED] never reported foot pain [REDACTED] only told staff that [REDACTED] shoe did not fit well. Because of the report [REDACTED] made the nurse on duty checked [REDACTED] shoe but never thought there was a reason to take the shoe and sock off and check [REDACTED] foot. The nurse reported that [REDACTED] was pressing on the shoe with the foot on to check for proper fit and [REDACTED] never complained of pain. If the resident had been truthful with the staff from the beginning adequate medical care would have been secured. Upon asking the kitchen staff about the resident's attendance they confirmed that [REDACTED] did have meals. The kitchen staff also stated that it is not unusual for [REDACTED] to refuse one meal per day. Several trays were taken to [REDACTED] room because [REDACTED] complained of not feeling well. The flu was circulating through the facility at the time so this did not seem unusual. An odor was noticed 24 hours prior, staff checked the room thoroughly for the location of the odor. That is when [REDACTED] was asked to take a shower, which occurred with much resistance from the resident. The resident was asked how long this had been occurring and replied "I don't know, I didn't want to go to the hospital". [REDACTED] was also asked if it hurt and [REDACTED] replied "a little". [REDACTED] was seen up and walking without a limp the day prior to sending [REDACTED] to the hospital. As soon as the problem was discovered, the physician was notified immediately, he instructed staff to send [REDACTED] to St Joseph Hospital for treatment. The resident admitted to all hospital staff, Emergency staff, facility staff and doctors that [REDACTED] was purposely hiding this from the everyone. Upon interviewing [REDACTED] roommates they told me that [REDACTED] told [REDACTED] roommates not to say anything about it. The physician stated that gas gangrene is a rare fast growing type, therefore it may have only appeared within the hours to days prior to our discovery. It starts below the skin without color and then suddenly appears having an odor. Staff has received a re-training post this violation so they all understand the importance of skin checks, need for regular baths and foot care to all residents especially the residents that are diagnosed with diabetes. The Director of Wellness will monitor that the aides are following all protocol in place in regards to resident services required. The Director of Wellness will review all records to ensure that all residents are seeing their PCP on all regular schedule. Staff was instructed to report any refusals to the Director of Wellness who will talk to the resident in an attempt to make the resident agreeable and will also institute a plan on the RASP to ensure compliance.

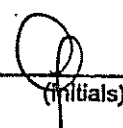
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Bonnie Pilat Date 8/19/16

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The above plan of correction is approved as of 8/26/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/26/16
 (Date)

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

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.142(b) - If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 6/22/16 staff assisted resident #1 to undress to bathe. When assisting the resident to undress, staff of the facility noted the resident's sock was sticking to the resident's foot. The resident's foot was observed to be black and rotted. A foul odor was also noted. The resident was transported to the Hospital for immediate treatment. The resident was admitted and diagnosed with gas gangrene of the resident's right leg. The resident's right leg required below the knee amputation. An interview with resident #1 indicated that the resident requested to see the podiatrist, however staff of the facility stated that the resident routinely refused to be evaluated by the podiatrist, most recently on 6/18/16. Despite staff indications of the resident refusing to be evaluated, it was determined that the facility did not document these refusals for medical evaluation or treatment or any attempts to educate and inform the resident about the need and importance of health care as required.


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 have the right to refuse any service. However, this resident refused to see the podiatrist several time the day He was in the facility to see residents. A procedure has been put into place that requires the resident to sign for each refusal and that staff has provided attempts to educate and inform the resident about the need and importance of health care. The staff will notify the Director of Wellness as soon as a refusal occurs to ensure that the resident has received the appropriate education for need of the service. The Administrator will monitor to ensure compliance.

The Adm & Director of Wellness will review refusals & refusals from residents in order to determine if follow up is needed, a pattern has developed, or communication w/ a health care provider is warranted in order to meet the needs of the residents. Co. 8/26/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

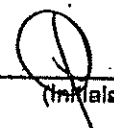
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bonnie Pilat Date 8/19/16

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(Date)

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(Initials)

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metoprolol 50mg tablet - 1 tablet twice daily. On 5/3/16 at 8:00am this medication was not administered to the resident due to a pharmacy packaging error. The resident's Medication Administration Record (MAR) incorrectly indicates that this medication was administered.

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 med techs were re-trained to report all missing medications/pharmacy errors to the Director of Wellness as soon as it is noticed. Director of Wellness will complete an incident report as required and put a plan in place to avoid this from occurring in the future. The Director of Wellness will perform periodic medication reviews to ensure all meds are correct without any pharmacy errors. The Administrator will monitor to ensure compliance,

A complete audit will be conducted w/in 90 days of the receipt of this approved Plan of Correction. The home will retain documentation of this audit.
OP. 9-21-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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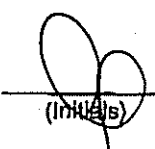
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Pilat Date 8/19/16

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Plan of correction Implementation status as of 9/12/16 (Date)

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- Not Implemented

SEP. 1. 2016 2:44PM BHSL

NO. 0111 P. 3

Violation Report: 20512 - 06/24/2016 - Hummel, Jesse
PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Department Representatives reviewed the Activities of Daily Living Log (ADL) for resident #1. It was determined that during the month of May 2016 and June 2016 resident #1 bathed only twice; 5/18/16 and 6/22/16. The resident's assessment and support plan finalized on 2/23/16 indicates that the resident requires some reminders regarding personal hygiene. The assessment and support plan does not address the resident refusing to bathe or the facility's plan to utilize intervention in order to meet the health needs of the resident including the resident's hygiene.

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.

It has been determined by the Administrator interviewing the staff that bathing reminder were given to the resident. However, [redacted] exercised her right to refuse the assistance from staff. Even though [redacted] refused the assistance [redacted] did not refuse to take the bath. She would present staff with wet towels and with wet hair making the staff believe [redacted] was taking the bath. [redacted] never presented with an odor either. On the day an odor was discovered in [redacted] room the staff insisted that they assist [redacted] with the bath and that is when the medical issue was discovered. [redacted] was very resistive because [redacted] did not want staff to discover [redacted] secret.

The staff has been directed to report any non-compliance with bathing or any other service needs to the Assistant Administrator so a plan can be put in place and the RASP updated.

The Administrator will monitor all steps are completed for compliance with this regulation.

Adm^E Director of Wellness will also ensure that all efforts to meet residents needs, including all manner of positive interventions used be documented in the resident records and specifically in all addendums to resident RASP's. Q. 9/2/16.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Bonnie Pilat

Date

8/19/16

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9/13/16
(Date)

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9/10/16
(Date)

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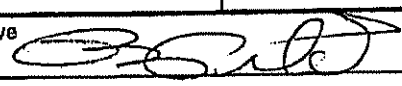
Violation Report: 20512 - 08/30/2016 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DRN), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's two posters with the required Pennsylvania Protection and Advocacy numbers had the Personal Care Home Complaint Hotline number incorrect on both posters.

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.

Obviously the old postings were never replaced with the new one. The correction was made on the day of inspection to ensure that the correct one was posted.
 Administrator will continue to make periodic checks to make sure the postings meet regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) 		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Bonnie Pilot</u>		Date <u>7/23/16</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>8/30/16</u> (Date)	Plan of correction implementation status as of <u>8/30/16</u> (Date)	
The above plan of correction was approved by <u>M</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: 20512 - 06/30/2016 - Rushin, Jullenne
 PCH Name: STABON MANOR PERSONAL CARE HOME

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 home's medical equipment policy states the home will keep residents' medical equipment in good working condition. Resident #4 who utilizes a self-propelled wheel chair reported that his/her wheelchair brake lever does not hold when he/she applies the lever to stay in a stationary position. Resident #4 has made this issue known to the home's staff with no resolution.

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 resident never told any of the staff that the brakes on [redacted] wheelchair were not working properly. Repairs to the wheelchair will be done upon [redacted] return from a hospital stay. If our maintenance staff cannot make the repairs the medical supply company that sold [redacted] the wheelchair will be called to make the repairs or supply [redacted] with a new wheelchair. As a result of this violation maintenance has been instructed to inspect all wheelchairs and walkers for any repairs needed. Administrator will follow up to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Pilet Date 7/29/16

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The above plan of correction was approved by <u>M</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: 20512 - 08/30/2016 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The bathroom on the second floor near room 202 has a hole in the vinyl floor covering measuring 4"x6". The hole poses a possible trip hazard to residents. The tile floor in the foyer of the main entrance had a triangular corner broken off measuring 3.5"x 3.5"x 5". The hole poses a possible trip hazard.

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.

Maintenance will make repairs to the vinyl flooring within 2 weeks of this writing.
 Administrator will review regulations with maintenance staff and gave instructions to inspect all rooms on a regular schedule to maintain regulatory compliance.

The Administrator shall monitor and assure ongoing compliance in 8/30/16


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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilat* Date *7/23/16*

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

Violation Report: 20512 - 08/30/2016 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The shared bathroom near rooms 1 and 3 on the lower level had a used wet washcloth on the ledge of the tub wall.

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 and staff will be educated on the violation that occurred and the reason for it. Staff and Housekeeping staff will monitor for compliance and report any noncompliance from residents. The administrator will address any noncompliance and continue to monitor compliance during daily building inspections.

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) Bonnie Pilot Date 7/23/16

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 (Date)

Plan of correction implementation status as of 8/30/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20612 - 08/30/2016 - Rushin, Jullenna
 PCH Name: STABON MANOR 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 double door freezer in the kitchen was at 18 degrees Fahrenheit at 10:00am and 21 degrees at 12:15pm. There were still hot dog buns, 2 bags of whipped topping and 2 tubs of ice cream, that were soft to touch located in the freezer.

The second floor medication room's black Hot Point brand refrigerator did not have 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.

Maintenance is working with the refrigeration company to make needed repairs to meet regulatory requirements. In the meantime, this particular freezer is being used as a refrigerator as we have other units to use. Administrator will stay in contact with the refrigerator company to find a reasonable solution to meet this regulation. The Cook supervisor will monitor all freezer temperatures on a daily basis to ensure that all freezers are in compliance and report and maintenance issues. A thermometer was placed in all medication room refrigerators prior to last inspection however this particular refrigerator had been replaced a few months ago and the thermometer obviously never was transferred to the new unit. As of this writing a new thermometer was placed in the refrigerator. The Director of Wellness will monitor all refrigerators in the medication rooms to ensure the thermometers remain in each refrigerator and temperatures are at or below 40 degrees.

The administrator shall monitor and assure ongoing compliance in 8/30/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2015

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Pilat Date 7/23/16

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Plan of correction implementation status as of 8/30/16 (Date)

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

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

Violation Report: 20512 - 08/30/2016 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed on 3/7/16 for resident # 1 does not include the resident's Pulse rate, Blood pressure, Temperature or the resident's ability to self-administer medications.

The medical evaluation completed on 2/29/16 for resident # 2 does not indicate the resident's Height, or the license number of the medical professional that completed the evaluation.

The medical evaluation completed on 3/11/16 for resident #3 does not indicate the resident's temperature.

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.

Office staff will review all DME's for completion of all areas under the direction of the Administrator.
 Administrator will review all DME's to ensure compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2015
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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) *Bonnie Pital* Date *7/23/16*

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Plan of correction Implementation status as of 8/30/16
 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20512 - 06/30/2016 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2600:144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's smoking area is down and to the left of the steps to the main entrance. On 6-23-16, there were 10+ cigarette butts when exiting the East end of the building and 20+ cigarette butts when exiting the west end of the building.

Resident #8 was observed smoking on the front porch directly in front of the front door and next to the no smoking sign at 1:15 PM on the date of inspection.

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 #8 does not smoke. Due to this error from the inspector it is impossible to know which resident to give the 30 day notice. Attached is the current plan for any resident that are caught smoking in unauthorized areas. All staff and resident have been educated on smoking rules. Residents have signed acknowledgements that they received this education and are aware of procedures in place. All staff has been notified to remind any resident found smoking in unauthorized areas of the rules and report each to the Administrator. Administrator will review all reports received of resident noncompliance and will issue the appropriate warnings and or evictions.

The administrator shall monitor and assure ongoing compliance.

m
8/30/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Bonnie Pilot</i>	<i>7/23/16</i>

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Violation Report: 20512 - 08/30/2016 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:50 AM medications delivered from Precision Care Pharmacy were left unattended in the hall across from the first floor medication room. The medications were not locked and were easily accessible to unauthorized persons.

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 owner of the pharmacy was notified of this violation and immediately re-educated his delivery person on the proper procedure and regulations of both the facility and pharmaceutical regulations. The Med techs will monitor the pharmacy delivery staff to ensure compliance and immediately report any noncompliance to the Director of Wellness.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 8/30/16

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)

Bonnie Pilot

Date

7/23/16

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8/30/16
 (Date)

Plan of correction implementation status as of

8/30/16
 (Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 20512 - 06/30/2016 - Rushin, Jullenne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #6 has a physician's order for Advair 250/50. The Advair was opened on 5/26/16 and was still available for use on 6/30/16. The Advair has a shelf life of one month once it is opened.

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

Staff was re-educated on the manufacturers requirements in regard to expiration dates of inhalers. A posting was placed in the medication rooms as a reminder to date and report any expired inhalers that need to be replaced. The Director of Wellness will monitor all medications for compliance.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 8/30/16

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) *Bonnie Bilt* Date *7/23/16*

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- Not Implemented

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

Violation Report: 20512 - 06/30/2016 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

One Divalproex 500mg tab. that was identified as a medication ordered for resident #9 was found loose lying in the bottom of the 3rd floor Medication cart at approximately 2:00PM on the date of inspection.

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

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

Staff received training on the need to do daily checks through the medication carts for compliance.
 Director of Wellness will do daily checks to ensure regulatory compliance and address any future issue with the staff.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 8/30/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilot* Date *7/23/16*

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

Violation Report: 20512 - 06/30/2016 - Rushin, Julienne
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

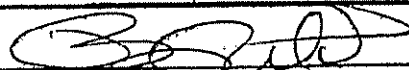
The first aid kit in the 1st floor medication room had a tube of Triple Antibiotic Ointment in it that expired 8/2014.

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.

Director of Wellness is responsible to ensure that all first aid kits meet the regulatory requirements. The Administrator will make periodic checks to ensure compliance at all times.

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) Bonnie Pilet Date 7/23/16

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The above plan of correction is approved as of 8/30/16
 (Date)

Plan of correction implementation status as of 8/30/16
 (Date)

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

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

Violation Report: 20512 - 06/30/2016 - Rushin, Julie
 PCH Name: STABON MANOR PERSONAL CARE HOME

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

The home's policy for the distribution and documentation of controlled medications is as follows:
 Controlled drugs must be stored separately from other medications in a securely locked box located in the bottom of the medication cart. Controlled drugs should be left in the manufacturer's tamper proof packages. Access to controlled drugs should be limited to persons authorized to administer them. The key to the lock box and medication cart should always be carried with the authorized staff person on duty. When a staff person is distributing medications, the medication should not be left unattended at any time, and must be locked up immediately after distributing.

The current practice regarding the distribution and documentation of controlled medications is as follows: The administrator is in control of the narcotic cassettes and only two cassettes of each narcotic for each resident is allowed to be in the medication cart. As soon as one cassette is emptied the administrator replaces it with a full cassette. Only the administrator is accounting for all of the residents' narcotics.

The home failed to update their medication policy regarding the distribution and documentation of controlled medications to reflect the current practice in the home.

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

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

The Administrator and Director of Wellness will review the policy in place for any updates required. This will be completed within the next 30 days and copy sent to the Department for review.

Update to policy 8/31/16. The administrator shall monitor and assure ongoing compliance.

m
8/31/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilet* Date *7/23/16*

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The above plan of correction is approved as of 8/31/16 (Date)

Plan of correction implementation status as of 8/31/16 (Date)

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

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

Violation Report: 20512 - 06/30/2016 - Rushin, Julianne
 PCH Name: STABON MANOR PERSONAL CARE HOME

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 # 4 is prescribed regular blood glucose tests. On 6/28/16 at 3:54pm the resident's blood glucose was 84. The facility did not document this reading on the resident's Medication Administration Record. The facility documented that this blood glucose test was refused by the resident.

On 6/28/16 at 3:17 am, resident #7's blood glucose reading was 168. A level of 168 is indicated on the MAR.

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 #4 often refuses blood glucose testing. Once [redacted] refuses that is entered into the electronic system. Then upon changing [redacted] mind the med tech cannot enter the result into the system. Resident #7 testing result entry was just a result of pushing the wrong button, however it had no effect on the sliding scale insulin administration. Staff received training to double check all entries and allow extra time for residents that frequently refuse and change their minds prior to documentation in the electronic mar. Director of Wellness will continue to monitor insulin administration results and address refusals.

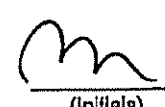
The administrator shall monitor and assure ongoing compliance in 8/30/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2015

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bonnie Pilat Date 7/23/16

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Violation Report: 20512 - 06/30/2016 - Rushin, Julienne PCH Name: STABON MANOR PERSONAL CARE HOME
1. REGULATION 55 Pa.Code §2800 2600.187(d) - The home shall follow the directions of the prescriber.
2a. DESCRIPTION OF VIOLATION Resident # 7 is prescribed Humalog based on a sliding scale. On 6/26/16 at 4:00pm, resident #7's blood glucose level was 198; 2 units of insulin was required; "0" units were administered.
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 Director of Wellness reviewed the procedure on how to read and administer insulin using a sliding scale. Director of Wellness will monitor for accuracy in insulin administration.
 The Administrator will review all sliding scale results to monitor proper administration of all sliding scale insulins.

The administrator shall be responsible for ongoing compliance.
 m
 8/30/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Bonnie Pilot		7/23/16
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Violation Report: 20512 - 06/30/2016 - Rushin, Jullenna
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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

2a. DESCRIPTION OF VIOLATION

Resident # 6 was admitted to the facility on [redacted] 15. The preadmission screening completed for resident # 5, was completed on [redacted] 15, after the residents admission to the facility.

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 Administrator reviewed this violation with the admissions staff and expressed the need to complete the pre-screening forms on or before the day of admission.

Administrator will review all admission paperwork for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Bonnie Pilot

Date

7/23/16

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- Fully Implemented
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The above plan of correction was approved by


 (Initials)