



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to JAH-JIREH HOMES OF AMERICA - ALLENTOWN
LEGAL ENTITY

To operate LEGACY PLACE COTTAGES
NAME OF FACILITY OR AGENCY

Located at 2051 BEVIN DRIVE, ALLENTOWN, PA 18103
(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 30
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 September 20, 2016 until September 20, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225510

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 20 2016

Mr. Robert Wood, President
Jah-Jireh Homes of America – Allentown
2051 Bevin Drive
Allentown, Pennsylvania 18103

RE: Legacy Place Cottages
License #: 22510

Dear Mr. Wood:

As a result of the Department of Human Services' licensing inspection on June 28, 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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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

The resident privacy coding documents for the licensing inspection summaries dated 11/6/15 and 1/21/16 were posted on the bulletin board of the home. The privacy coding documents expose the residents confidential information.

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

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

A copy of the personal care home's current inspection summary is posted in a public area with the resident privacy coding documents removed to maintain residents' confidentiality. The administrator and/or designee(s) will review the inspection summary upon receipt from BHSL and remove any confidential information before posting.


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) Michael Cimerola, Admin.	Date 9/7/16
--	-------------

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

The above plan of correction is approved as of 9-9-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-9-16
 (Date)

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

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home is not completing an itemized account, for the resident(s) or the resident's designated person(s), of any financial transactions on a quarterly basis.

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.

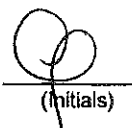
Administrator and/or designee(s) will provide quarterly statements to residents of any financial transactions and perform periodic reviews of resident financial records to ensure ongoing compliance.
 (See attached signed resident quarterly statements)

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) Michael Emerola, Admin	Date 9/7/16
--	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-9-16</u> (Date) <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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 The resident contract for Resident #1 date of admission [redacted] 14, was not signed by 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.

Prior to admission or within 24 hours after admission, the Administrator, Director of Nursing, and/or designee(s) will ensure that a written resident-home contract between the resident and the home shall be in place. Administrator, Director of Nursing, and/or designee(s) will meet as needed to discuss new move-ins and ensure compliance with all pertinent forms and regulations. *Prior to filing res. contract.
 (See attached blank resident respite contract and signed contract)

Q
 9-9-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *M. Cimerola*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Cimerola, Admin* Date *9/7/16*

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home has not developed a quality management plan.

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

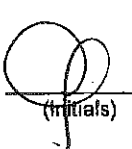
The community will add and implement a quality management plan and review the items as listed in the plan during periodic meetings. The Administrator and/or designee(s) will then follow corrective actions as outlined from the QA meeting's review. Staff will be trained on new policy at the All Staff Meeting on September 12, 2016.
 (See attached quality management plan)
 (See attached QM meeting minutes)

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) Michael Civerale, Admin	Date 9/7/16
---	----------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by  (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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES


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

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A hired [redacted] 16 Pennsylvania State Police Criminal background check was not completed until 5/28/16.
 Direct care staff person B hired [redacted] 15 Pennsylvania State Police Criminal background check was not completed 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.

Administrator and/or designee(s) will ensure criminal history checks are completed in accordance with the Older Adult Protective Services Act (OAPSA) prior to the hiring of any employees. Administrator and/or designee(s) will ensure a checklist tool or a double check of new employee files are completed during the hiring and training process in order to ensure ongoing compliance. Administrator and/or designee(s) will ensure this same process is in place for all required staff information and qualifications.
 (See attached copy of blank employee file contents checklist and utilized employee checklist)
 (See attached criminal background checks for Direct Care Staff Person A and B)
 (See attached criminal background checks of new hires for direct care staff)


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) Michael Cimerola, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of 9-9-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-9-16
 (Date)

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

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C hired [redacted] 15 does not have a high school diploma, GED or active registration 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.

Administrator and/or designee(s) will ensure a checklist tool or a double check of new employee files are completed during the hiring and training process in order to ensure ongoing compliance. Administrator and/or designee(s) will ensure this same process is in place for all required staff information and qualifications.

(See transcript for Direct Care Staff Person C)

(See attached copies of proof of education for new direct care staff hires)

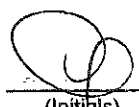
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Cimerola, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of 9-9-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-9-16
 (Date)

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

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. **REGULATION 55 Pa.Code §2600**
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. **DESCRIPTION OF VIOLATION**
 On 6/25/16 & 6/26/16 one staff person worked from 11pm-7am. Resident #2 and Resident #3 require a one person assist out of bed to a wheelchair and then need to be pushed to a fire safe area. The home is unable to meet the residents needs from 11pm-7am in the event of an emergency.

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.

Administrator, Director of Nursing, and/or designee(s) will ensure that adequate staffing from 11PM to 7AM shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Administrator, Director of Nursing, and/or designee(s) will perform periodic reviews of staffing calendar to ensure ongoing compliance.

(See attached staffing schedule with review by RN, includes Jul-Aug and Aug-Sept)


(See attached P/R time card for staff member for proof of double shift on July 23rd-24th)

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) Michael Cimera, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-9-16</u> (Date) <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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION


Direct care staff person D hired [redacted] 16 first day worked was [redacted] 16, the staff person did not receive a general fire safety orientation until 4/8/16.

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.

Administrator and/or designee(s) will ensure a checklist tool or a double check of new employee files and required orientations are completed during the hiring and training process in order to ensure ongoing compliance. Administrator and/or designee(s) will ensure this same process is in place for all required staff information and qualifications. (See attached blank employee orientation form and signed form)


Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/06/2015	01/21/2016
-----------------------	-----------------------------------	------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Cimerola, Admin Date 9/7/16

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

The above plan of correction is approved as of 9-9-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-9-16
 (Date)

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

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 5% 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 C hired [redacted] 15 did not complete the departments initial direct care competency course.

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.

Administrator and/or designee(s) will ensure persons hired to be direct care staff have completed the department's initial direct care competency course prior to providing unsupervised ADL services. Administrator and/or designee(s) will ensure a checklist tool or a double check of new employee files are completed during the hiring and training process in order to ensure ongoing compliance. Administrator and/or designee(s) will ensure this same process is in place for all required staff information and qualifications.

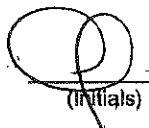
(See certificate for Direct Care Staff Person C and refer to copy of blank employee file contents checklist and utilized employee checklist, pg 6)

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) Michael Cimera, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by  (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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
 The water in the bathroom by the nurses' office was 122.3 degrees Fahrenheit.

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

Plumbing company has adjusted the temperatures again on the water heaters and mixing valves in use for all resident rooms and common areas. Housekeeping staff has been monitoring the temperatures in all resident rooms currently. The temperature is still being adjusted by the plumbing company as needed. Administrator and/or designee(s) will perform random hot water temp checks to ensure ongoing compliance and alert plumbing company if temperatures exceed 120. Administrator has been in contact with architect, plumbing company, and BHSL regarding this issue.
 (See attached service logs by plumbing company)
 (See attached temperature logs by housekeeping staff)

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/06/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Michael Cimerola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Cimerola, Admin Date 9/7/16

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

The above plan of correction is approved as of 9-9-16
 (Date)

Plan of correction implementation status as of 9-9-16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bedside lamp in room 114, belonging to Resident #1 was not operable.

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.

Administrator, housekeeping staff, and/or designee(s) will ensure that each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside. This will be added to the weekly checklist for room cleaning for the housekeeping staff. Administrator and/or designee will perform random room checks to ensure ongoing compliance.
 (See attached housekeeping checklist)

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) <i>Michael Cimera, Admin</i>	Date <i>9/7/16</i>
--	--------------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 58 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 The freezer in the north side of the kitchen had 9 packages of waffles that were not labeled or dated and there was a bag of banana pieces that was not labeled or dated.
 The freezer in the south side of the kitchen had 2 packages of chicken patties that were not labeled or dated.

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

Administrator, chef, and/or designee(s) will ensure that all items and food packaging will be labeled and dated correctly in the refrigerator and freezer. Administrator and/or designee(s) will perform random checks to ensure ongoing compliance.

During audit by administrator, freezer and fridge temp logs were not fully completed for the month of August. Policy will be that Chef will take temps during shift or direct care staff who are assigned to culinary duties in chef's absence. Staff will be alerted of this policy change at the Employee All Staff to be held on September 12th, 2016. Administrator and/or designee(s) will continue to perform random checks to ensure ongoing compliance.

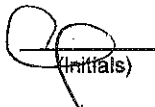
(See attached fridge and freezer temp logs)

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) Michael Cimerola, Admin Date 9/7/16

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by  (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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION
 The home did not conduct fire drills in June 2015 & March 2016.

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.

Administrator and/or designee(s) will perform an unannounced fire drill at least once a month. Administrator and/or designee(s) will review fire drill logs and schedule upcoming drills on a monthly basis to ensure that community is in compliance with all pertinent regulations at quality management meetings.
 (See attached log with most recent fire drill)
 (See attached QM meeting minutes, pg 5)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Civerola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Civerola, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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

2a. DESCRIPTION OF VIOLATION

The homes most recent sleeping hours fire drill was conducted on 4/21/16 at 11:20pm. The previous sleeping hours fire drill was conducted on 9/23/16 at 11:20pm.

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.

Administrator and/or designee(s) will perform a fire drill during sleeping hours every 6 months. Administrator and/or designee(s) will review fire drill logs on a monthly basis to ensure that community is in compliance with all pertinent regulations at quality management meetings.


(see QA Meeting minutes)
 pg 5

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) Michael Ciaverola, Admin	Date 9/7/16
--	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-9-16</u> (Date) <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: 22551 - 08/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home's van did not contain a breathing shield.

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.

Administrator and/or designee(s) will ensure that the community vehicle contains a first aid kit with the contents in 2600.96, which includes a breathing shield. Staff will report any use of contents of first aid kit so that kit can be restocked. Log for first aid kits was created in response to BHSL audit and will be monitored on a monthly basis by Administrator and/or designee(s). Administrator and/or designee(s) will also perform random checks to ensure compliance.
 (See attached log for first aid kits)

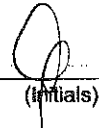
(See attached photo)

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) Michael C. Smerola, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person D reported that when a resident leaves the home for the weekend the staff will pop the pills out of the original container into a zip lock bag.

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

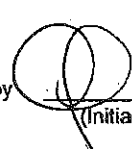
Direct Care Staff/Med Techs will be retrained and educated at Employee All Staff on August 8th that all prescription medications, OTC medications, and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Administrator, Director of Nursing, and designee(s) will perform random medication cart audits and monitor medication administrations by staff to ensure ongoing compliance.
 (See attached August All Staff Meeting minutes)
 (See attached staff sign-in sheet and returned staff quiz)
 - Staff quizzes were utilized if staff member was unable to attend meeting / copy of Meeting Agenda & Info was also distributed to staff w/ quiz
 (See attached August pharmacy cart audit)

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) Michael Cimicola, Admin	Date 9/7/16
--	-------------

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

The above plan of correction is approved as of <u>9-9-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-9-16</u> (Date) <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: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

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 has not developed or implemented a policy for the safe storage, access, security, distribution, and use of medications and medical equipment.

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 community will add and implement a medication management plan. The Administrator and/or designee(s) will train staff on new policy and maintain compliance as stated in the plan at the All Staff Meeting on September 12, 2016. Administrator and/or designee(s) will send a copy of the staff sign-in sheet, quizzes, and meeting minutes to BHSL.

(See medication management plan)

(Initial fax cover sheet and confirmation page for previous submittal are also attached)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

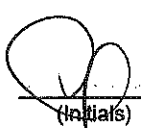
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Cimicola, Admin	Date 9/7/16
---	-------------

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

The above plan of correction is approved as of 9-9-16
 (Date)

Plan of correction implementation status as of 9-9-16
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Michael Cimicola, Admin

Violation Report: 22551 - 06/28/2016 - Novak, Ryan
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Resident Assessment and Support Plan was developed and signed on 2-22-16, the previous one was finalized on 12-23-14.

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 Nursing, and/or designee(s) will update Resident Assessment and Support Plans annually, if the condition of the resident significantly changes prior to the annual assessment, or at the request of the Department upon cause to believe that an update is required. Director of Nursing has initiated a tickler system with all annual dates for resident assessments to ensure compliance. Director of Nursing has also created a RASP addendum book to ensure that all staff are aware of any changes to a resident's care plan. Administrator and/or designee(s) will perform random checks to ensure this addendum book and resident RASPs are in compliance.
 (See attached tickler system)
 (See attached resident RASPs and addendums that required updates since last BHSL inspection)

→ a review of incident reports related to residents will be performed as well to identify potential significant changes. cf. 9-9-16

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 04/24/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Cimera, Admin* Date *9/7/16*

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

The above plan of correction is approved as of <u>9-9-16</u> (Date)	Plan of correction implementation status as of <u>9-9-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Michael Cimera, Admin