



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Ms. Karen Tabacchi, Treasurer
HAP Senior Care
5130 Tuscarawas Road
Beaver, Pennsylvania 15009

RE: Beaver Meadows
License #: 418010

Dear Ms. Tabacchi:

As a result of the Department of Human Services' annual licensing inspection on July 11, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BEAVER MEADOWS		License Number: 41801
Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		County: Beaver
Administrator: Katie Schneider		Region: WEST
Legal Entity Name: HAP SENIOR CARE		
Legal Entity Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/12/2002 L & I		AUG 19 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 90	Waking Staff: 68
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/11/2016: Bedford, Katie; Barry, Courtney; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 83 Number of Residents Served: 69 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0

Katie Schneider
Administrator
8/18/16

AUG 19 2016

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident has mobility needs.

On 7/10/16, 69 residents were present in the home, including 21 residents with mobility needs, requiring a total of 90 hours of direct care services. However, on this date, only 81.25 hours were provided.

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.

7/11/16 The Administrator reviewed the current staffing schedule to ensure that direct care staff persons were available to provide a minimum of 1 hour per day of personal care services for each mobile resident and 2 hours per day of personal care services to each resident who has mobility needs. As scheduled, there were 90 hours or more per day.

7/12/16 The Administrator reviewed the upcoming staffing schedule to ensure that direct care staff persons were available to provide a minimum of 1 hour per day of personal care services for each mobile resident and 2 hours per day of personal care services to each resident who has mobility needs.

7/12/16 The Administrator or designee will monitor daily for one month, then bi-weekly as new schedules are made to ensure that direct care staff persons were available to provide a minimum of 1 hour per day of personal care services for each mobile resident and 2 hours per day of personal care services to each resident who has mobility needs.

7/21/16 Resident Care Supervisor was educated on the importance of ensuring that direct care staff persons were available to provide a minimum of 1 hour per day of personal care services for each mobile resident and 2 hours per day of personal care services to each resident who has mobility needs. This training was conducted by the Administrator.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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

The above plan of correction is approved as of <u>8/25/16</u> (Date)	Plan of correction implementation status as of <u>8/25/16</u> (Date)
The above plan of correction was approved by <u><i>KS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 19 2016

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident has mobility needs.

On 7/8/16, ⁶⁹~~50~~ residents were present in the home, including 21 residents with mobility needs, requiring a total of 67.5 hours of personal care services during waking hours. However, on this date, only 63 hours of personal care services were provided.

On 7/10/16, ⁶⁹~~50~~ residents were present in the home, including 21 residents with mobility needs, requiring a total of 67.5 hours of personal care services during waking hours. However, on this date, only 61 hours of personal care services were provided.

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.

7/11/16 The Administrator reviewed the current staffing schedule to ensure 75% of the personal care hours specified in §2600.57(b) and §2600.57(c) shall be available during waking hours. For each day, 75% of the personal care hours were available during waking hours.

7/12/16 The Administrator reviewed the upcoming staffing schedule to ensure that 75% of the personal care hours specified in §2600.57(b) and §2600.57(c) shall be available during waking hours.

7/12/16 The Administrator or designee will monitor daily for one month, then bi-weekly as new schedules are made to ensure that 75% of the personal care hours specified in §2600.57(b) and §2600.57(c) shall be available during waking hours.

7/21/16 Resident Care Supervisor was educated on the importance of ensuring that 75% of the personal care hours specified in §2600.57(b) and §2600.57(c) shall be available during waking hours. This training was conducted by the Administrator.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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The above plan of correction is approved as of <u>8/26/16</u> (Date)	Plan of correction implementation status as of <u>8/26/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At approximately 9:55 a.m., a gallon bottle of bleach, with a manufacturer's label indicating "Call poison control center or doctor immediately for treatment advice" was unlocked and accessible to residents in the resident laundry room. Not all residents of the home, including residents #1 and #2, have been assessed capable of recognizing and using poisons safely.

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.

7/11/16 The poisonous material, a gallon of beach with a manufacturer's label indicating "Call poison control center or doctor immediately for treatment advice", was removed immediately from the resident laundry room by the Executive Director.

7/19/16 All staff was educated by the Administrator on the importance of poisonous materials being kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

7/19/16 The Administrator or designee will monitor daily for one month, weekly for one month, then monthly to ensure the poisonous materials are kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Katie Schneider

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

Katie Schneider, Administrator

Date *8/18/16*

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8/26/16
(Date)

Plan of correction implementation status as of

8/25/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

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

2a. DESCRIPTION OF VIOLATION

At approximately 10:30am, the interior walls and door of the microwave in the hospitality room were covered in dried food particles.

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.

071116

7/11/16 The interior walls and door of the microwave in the hospitality room were immediately cleaned by the Executive Director.

7/21/16 The Administrator or designee will monitor weekly for one month, then monthly to ensure sanitary conditions are being maintained.

08/02/16 Housekeeping staff were educated on the importance of maintaining sanitary conditions. The staff was educated by the Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Katie Schneider

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

Katie Schneider, Administrator

Date

8/18/16

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8/25/16
(Date)

Plan of correction implementation status as of

8/25/16
(Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

AUG 19 2016

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
 PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The following hallway lights were inoperable/bulbs burned out:

- *100 hallway: Light to the right of room 105.
- *200 hallway: Light to the right of room 201, the light to the left of room 206, the light to the right of room 209 and the light to the right of room 212.
- *300 hallway: Light across from the sitting room.
- *400 hallway: Light to the right of room 404, and the light to the left of room 407
- *500 hallway: Light to the right of room 507, the light to the left of room 508 and the light to the right of room 511

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.

7/19/16 Maintenance Technician was educated on the importance of the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes being lighted and marked to ensure that residents, including those with vision impairments, could safely move throughout the home and safely evacuate. The staff was educated by the Administrator.

7/26/16 The hallway lights were replaced by the Maintenance Technician to ensure that the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes were lighted and marked to ensure that residents, including those with vision impairments, could safely move throughout the home and safely evacuate.

7/26/16 The Administrator or designee will monitor weekly for one month, then monthly to ensure the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways, and fire escapes being lighted and marked to ensure that residents, including those with vision impairments, could safely move throughout the home and safely evacuate.

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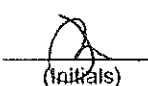
Signature of Legal Entity Representative (Required on EVERY Page) *Katie Schneider*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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The above plan of correction is approved as of 8/25/16
 (Date)

Plan of correction implementation status as of 8/25/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

AUG 19 2016

Violation Report: 41801 - 07/11/2016 - Bedford, Katie

PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
Human Services Licensing

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

Hot water temperatures exceeded 120°F in the bathroom sinks in the following residents' rooms:

*Room 311: 130.8°F at approximately 9:40 a.m.

*Room 106: 124.7°F at approximately 10 a.m.

*Room 112: 125.2°F at approximately 10 a.m.

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

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

7/11/16 The water temperature was immediately turned down to not exceed 120 degrees Fahrenheit by the Maintenance Technician. In re-checking the water temperatures, room 311 measured 118 degrees Fahrenheit, room 106 measured 115 degrees Fahrenheit, and room 112 measured 116 degrees Fahrenheit.

7/11/16 The Maintenance Technician checked multiple resident rooms to ensure that the water temperature did not exceed 120 degrees Fahrenheit. All resident rooms checked did not exceed 120 degrees Fahrenheit.

7/19/16 Maintenance Technician was educated on the importance of hot water temperatures in areas accessible to the resident not exceeding 120 degrees Fahrenheit. The education was conducted by the Administrator.

7/20/16 The Administrator or designee will monitor weekly for one month, then ^{at least} monthly to ensure the hot water temperature in areas accessible to the resident does not exceed 120 degrees Fahrenheit.

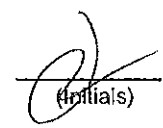
Documentation will be kept. Checks will be conducted at various times of day and at various locations in the building.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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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: 41801 - 07/11/2016 - Bedford, Katie
 PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
 Human Services Licensing

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

There was no source of lighting that could be turned on/off from bedside for residents in rooms 304, 305, and 512.

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.

7/11/16 The Administrator moved an operable lamp that can be turned on at bedside in rooms 304, 305, 512.

8/16/16 The Administrator and Executive Director checked multiple rooms to ensure that there was an operable lamp or other source of lighting that can be turned on at bedside. All resident rooms checked did have operable lamp or other source of lighting that can be turned on at bedside.

8/16/16 Housekeeping staff was educated on the importance of each bedroom having an operable lamp or other source of lighting that can be turned on at bedside. This training was conducted by the Administrator.

8/18/16 The Administrator or designee will monitor weekly for one month, then monthly to ensure that all bedrooms have an operable lamp or other source of lighting that can be turned on at bedside.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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

The above plan of correction is approved as of 8/25/16
 (Date)

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

Plan of correction implementation status as of 8/28/16
 (Date)

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

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

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

The July 2016 MAR for resident #1 does not include a diagnosis or purpose for Jantoven 2.5mg or Jantoven 5mg.

The July 2016 MAR for resident #3 does not include a diagnosis or purpose for Escitalopram 10mg, or Namenda XR 28mg.

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.

7/11/2016 The Resident Care Supervisor contacted pharmacy to ensure that the diagnosis or purpose for resident #1's prescribed Jantoven 2.5 mg and Jantoven 5 mg was indicated on the resident's medication administration record and to ensure that the diagnosis or purpose for resident #3's Escitalopram 10mg or Namenda XR 28mg was indicated on the resident's medication administration record.

Continued on next page →

See Page 10a

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

Signature of Legal Entity Representative (Required on EVERY Page) *Katie Schneider*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katie Schneider, Administrator* Date *8/18/16*

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

The above plan of correction is approved as of 8/25/16 (Date)

The above plan of correction was approved by *[Signature]* (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: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

- (1) Resident's name.
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- (3) Name of medication.
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- (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

The July 2016 MAR for resident #1 does not include a diagnosis or purpose for Jantoven 2.5mg or Jantoven 5mg.

The July 2016 MAR for resident #3 does not include a diagnosis or purpose for Escitalopram 10mg, or Namenda XR 28mg.

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.

7/25/2016 All medication passers were educated by the Administrator on Regulation 55 Pa Code 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. | (8) Frequency of administration. | (12) Diagnosis or purpose for the medication, including pro re nata (PRN). |
| (2) Drug allergies. | (9) Administration times. | (13) Date and time of medication administration. |
| (3) Name of medication. | (10) Duration of therapy, if applicable. | (14) Name and initials of the staff person administering the medication. |
| (4) Strength. | (11) Special precautions, if applicable. | |
| (5) Dosage form. | | |
| (6) Dose. | | |
| (7) Route of administration. | | |

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Katie Schneider

See Page 10B

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

Katie Schneider, Administrator

Date *8/18/16*

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The above plan of correction is approved as of

8/25/16
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 19 2016

Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
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- (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

The July 2016 MAR for resident #1 does not include a diagnosis or purpose for Jantoven 2.5mg or Jantoven 5mg.

The July 2016 MAR for resident #3 does not include a diagnosis or purpose for Escitalopram 10mg, or Namenda XR 28mg.

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.

8/16/2016 The Administrator reviewed all resident medication administrations records to ensure compliance with Regulation 55 Pa Code 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. | (8) Frequency of administration. | (12) Diagnosis or purpose for the medication, including pro re nata (PRN). |
| (2) Drug allergies. | (9) Administration times. | (13) Date and time of medication administration. |
| (3) Name of medication. | (10) Duration of therapy, if applicable. | (14) Name and initials of the staff person administering the medication. |
| (4) Strength. | (11) Special precautions, if applicable. | |
| (5) Dosage form. | | |
| (6) Dose. | | |
| (7) Route of administration. | | |

Continued on next page →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Katie Schneider

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

Katie Schneider, Administrator

Date *8/18/16*

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(Date)

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(Initials)

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(Date)

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- Not Implemented

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Violation Report: 41801 - 07/11/2016 - Bedford, Katie
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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- (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

The July 2016 MAR for resident #1 does not include a diagnosis or purpose for Jantoven 2.5mg or Jantoven 5mg.

The July 2016 MAR for resident #3 does not include a diagnosis or purpose for Escitalopram 10mg, or Namenda XR 28mg.

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.

8/18/2016 The Administrator or designee will monitor weekly for one month, then monthly to ensure compliance with regulation 55 Pa Code 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. | (8) Frequency of administration. | (12) Diagnosis or purpose for the medication, including pro re nata (PRN). |
| (2) Drug allergies. | (9) Administration times. | (13) Date and time of medication administration. |
| (3) Name of medication. | (10) Duration of therapy, if applicable. | (14) Name and initials of the staff person administering the medication. |
| (4) Strength. | (11) Special precautions, if applicable. | |
| (5) Dosage form. | | |
| (6) Dose. | | |
| (7) Route of administration. | | |

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Katie Schneider

See Page 10C

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

Katie Schneider, Administrator

Date *8/18/16*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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