



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PARKER PERSONAL CARE INC  
LEGAL ENTITY

To operate PARKER PERSONAL CARE FACILITY  
NAME OF FACILITY OR AGENCY

Located at 103 SEWARD STREET, PARKER, PA 16049  
(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 40  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

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

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

and shall remain in effect from March 21, 2017 until September 21, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426561**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAR 21 2017**

Ms. Margaret M. Clawson,  
Secretary, PPC Board of Directors  
Parker Personal Care, Inc.  
c/o YWCA, 120 West Cunningham Street  
Butler, Pennsylvania 16001

RE: Parker Personal Care Facility  
103 Seward Street  
Parker, Pennsylvania 16049  
License #: 426561

Dear Ms. Clawson:

As a result of the Department of Human Services' (Department) licensing inspections on July 15, 2016, July 22, 2016, August 25, 2016, November 9, 2016, January 20, 2017 and January 26, 2017 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 #426560 dated December 3, 2016 to December 3, 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 December 3, 2016 to December 3, 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.

Ms. Margaret M. Clawson

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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

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,



Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



RECEIVED

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

DEC 09 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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 fell on 7/15/16 and was transported to a local hospital where he/she was diagnosed with a left forearm fracture. The home did not report this incident to the Department until 7/22/16.

Resident #2 was sent to the hospital on 8/1/16 due to inability to move the left side of his/her body and increased confusion. The resident was diagnosed as having a transient ischemic attack. The home did not report this incident to the Department.

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 Page 2A of 20

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) *Brandy Grossman*      Date *12/9/16*

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

The above plan of correction is approved as of 3/6/17 (Date)

Plan of correction implementation status as of 3/6/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Parker Personal Care Inc.

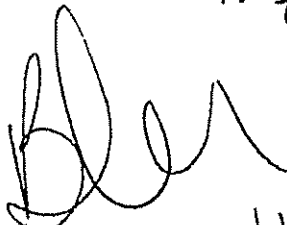
Regulation Code 2600.16(c) - Incident Reporting

Violation - Incident report of Resident #1 obtaining fracture due to a fall not sent to the Department Regional Office until 07/22/16; fall occurred 07/15/16. Resident #2 was sent to the hospital and diagnosed with a transient ischemic attack on 08/01/16; no incident report completed or sent to the Department Regional Office.

Plan of Correction:

- Incident report was sent to the Department of Human Services as a late entry under the advisement of Matt Rahuba. (see attached incident report forms)
- Office personnel have been advised that incident reports are to be completed and sent to the Department Regional Office within 24 hours of incident.
- Direct Care and Ancillary staff will be trained on completing incident report forms and faxing them to the Department Regional Office. Description of Incidents will be available to the staff printed directly from the Regulatory Compliance Guide Appendix B.

The incident involving resident #2 was submitted to the Department on 11/20/17. <sup>12/31/17</sup>

  
12/9/16

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Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

DEC 09 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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

On 8/25/16, at approximately 12:55 p.m., all of the resident records except those of resident #3 were unattended and accessible in an unlocked filing cabinet in the unlocked closet in the unlocked conference room. Resident #3's records were on top of the filing cabinet.

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 Page 3A of 20

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) *Brandi Grossman*      Date *12/9/16*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

Page 3A of 20

DEC 09 2016

Parker Personal Care Inc.

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation Code 2600.17 - Confidentiality of Records

Violation - On 08/25/16 Resident Records were left unattended in an unlocked room in an unlocked filing cabinet behind unlocked closet doors.

Plan of Correction:

- Staff member that was responsible for leaving the files open and accessible was retrained on HIPPA policies.
- Parker Personal Care has a privacy procedure and policy that will be enforced to all key holders. This was held on 12/05/16. (See attached policy form with signatures of file cabinet key holders.
- Lock was placed on door of room that holds the locked cabinets on 12/05/16. (See attached work order invoice)

Within 15 days of receipt of the plan of correction: All staff persons shall be educated on the importance of maintaining resident record confidentiality and ensure all resident records are stored in an area that is locked.

12/9/16

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Violation Report: 42856 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

DEC 08 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #4's glucometer was used to take resident #5's blood glucose reading on the following dates:

- \* 7/20/16 at 8:04 p.m.
- \* 7/20/16 at 4:01 p.m.
- \* 7/19/16 at 7:07 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.

See Pages 4A and 4B of 20

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) *Brandy Grossman*      Date *12/9/16*

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Parker Personal Care Inc.

Regulation Code 2600.85(a) - Sanitary Conditions shall be maintained.


Violation - Resident #4's glucometer was used for BGM on Resident #5.

Plan of Correction:

- Staff will be retrained on 12/16/16 on Universal Precautions/Sanitary Conditions.
- Cart Audits will be performed weekly with BGM meters checked against documented sugar reading for the individual residents.

Resident #5 no longer resides in the home.

3/16/17

  
12/9/16

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FEB 17 2017

Violation Report: 42868 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #4's glucometer was used to take resident #5's blood glucose reading on the following dates:

- \* 7/20/16 at 8:04 p.m.
- \* 7/20/16 at 4:01 p.m.
- \* 7/19/16 at 7:07 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.

Immediately: A new glucometer will be purchased for resident #4, at the home's expense, and shall be clearly labeled with the resident's first and last name.

Immediately: A designated staff person shall inspect all resident glucometers to ensure each resident has their own glucometer, which is clearly labeled with the resident's first and last name.

Immediately: A designated staff person shall monitor resident glucometers and resident medication administration records weekly to ensure resident glucometers are not being shared among residents.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications in accordance with 2800.182b shall be educated that glucometers are never to be shared between residents and each resident must have their own, clearly labeled glucometer.

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)

Brandy Grossman / A. Admin

Date 2/17/17

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(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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Violation Report: 42656 - 07/15/2016 - Rahuba, Mall  
PCH Name: PARKER PERSONAL CARE FACILITY

JUL 09 2016

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

On 7/15/16, at approximately 10:03 a.m., the hot water temperature in the private bathroom of bedroom #33 on the first floor measured 123.2° 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.

see page 5A of 20

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)

Brandy Grossman

Date

12/9/16

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3/6/17  
(Date)

Plan of correction implementation status as of

3/6/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Handwritten Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Parker Personal Care Inc.


Page 5A of 20

Regulation Code 2600.89(b) Hot water temperature in areas accessible to the residents may not exceed 120 degrees.

Violation - Hot water temperature in private bathroom of bedroom #33 was 123.3 fahrenheit.

**Plan of Correction:**

- Maintenance department will be required as of 01/01/17 to test 4 rooms monthly at random to ensure water temperature is maintained throughout the facility.
- Any adjustments that need made at the time of water temperature documentation will be addressed by the maintenance department. Possible temperature complications will be addressed by maintenance supervisor of YWCA promptly.

  
12/9/16

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Violation Report: 42856 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 7/15/16, there was no handrail at the 2 1/2" step that leads from the door to ground level at emergency exit #7.

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 Page 6A of 20

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) *Brandy Grossman*      Date *12/9/16*

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DEC 09 2016

Page CoA of 20

Report page 6 of 20

WEST REGION FIELD OFFICE  
Human Services Licensing

Maintenance will install a handrail by 12/19/2016.

The exit will be unavailable to residents and not used as an emergency exit until corrected.

unacceptable plan  
of correction  
+  
3/6/17

Once completed this page of the report will be resubmitted with pictures of the handrail.

Yellow paint will be applied to the edges of the pad once weather permits. Once completed this page of the report will be resubmitted with pictures.

Immediately: A designated staff person shall inspect the home monthly to ensure each ramp, interior stairway and outside steps have a well-secured handrail.

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3/6/17

  
12/9/16

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Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

- On 7/15/16, at approximately 10:27 a.m., the temperature of freezer #2 in the dining room measured 8° Fahrenheit.
- On 7/15/16, at approximately 10:30 a.m., the temperature of freezer #3 in the dining room measured 15° Fahrenheit.
- On 7/15/16, at approximately 10:33 a.m., the temperature of freezer #4 in the dining room measured 11° Fahrenheit.
- On 7/15/16, at approximately 1:10 p.m., the temperature of the refrigerator section of the refrigerator/freezer unit #1 in the kitchen measured 50° Fahrenheit. The freezer section measured 5° Fahrenheit.
- On 7/15/16, at approximately 1:10 p.m., the temperature of the refrigerator section of the refrigerator/freezer unit #2 in the kitchen measured 50° Fahrenheit.
- On 7/15/16 at approximately 1:10 p.m., the temperature of the freezer section of the refrigerator/freezer unit #5 in the kitchen measured 5° Fahrenheit.
- On 7/15/16 at approximately 1:10 p.m., the temperature of freezer #4 in the kitchen measured 10° Fahrenheit.
- On 7/15/16, at approximately 1:10 p.m., the temperature of freezer #5 in the kitchen measured 9° 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.

See Pages 7A and 7B of 20

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) *Brandy Grossman*      Date: *12/9/16*

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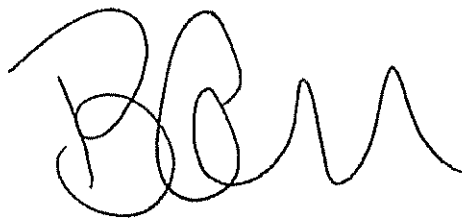
Parker Personal Care Inc.

Regulation Code 2600.103(f)

Violation - Temperature of refrigerators shall be at or below 40 degrees fahrenheit and temperature of freezers shall be kept at or below 0 degrees fahrenheit.

Plan of Correction:

- Temperature forms for all refrigerators and freezers shall be monitored twice daily with staff initials to follow temperature reading. (See attached current form in use)
- Any adjustments to refrigerator or freezer temperature controls will be reported and corrected by the maintenance department.
- Any failure of equipment to comply with temperature regulations will be replaced by the YWCA.

A handwritten signature in black ink, appearing to be 'BOM' with a stylized flourish.

12/9/16

RECEIVED

FEB 17 2017

Page 7 of 20

Violation Report: 42656 - 07/15/2016 - Rehuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2800  
2800.103(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  
On 7/15/16, at approximately 10:27 a.m., the temperature of freezer #2 in the dining room measured 8° Fahrenheit.  
On 7/15/16, at approximately 10:30 a.m., the temperature of freezer #3 in the dining room measured 15° Fahrenheit.  
On 7/15/16, at approximately 10:33 a.m., the temperature of freezer #4 in the dining room measured 11° Fahrenheit.  
On 7/15/16, at approximately 1:10 p.m., the temperature of the refrigerator section of the refrigerator/freezer unit #1 in the kitchen measured 50° Fahrenheit. The freezer section measured 5° Fahrenheit.  
On 7/15/16, at approximately 1:10 p.m., the temperature of the refrigerator section of the refrigerator/freezer unit #2 in the kitchen measured 50° Fahrenheit.  
On 7/15/16 at approximately 1:10 p.m., the temperature of the freezer section of the refrigerator/freezer unit #5 in the kitchen measured 6° Fahrenheit.  
On 7/16/16 at approximately 1:10 p.m., the temperature of freezer #4 in the kitchen measured 10° Fahrenheit.  
On 7/16/16, at approximately 1:10 p.m., the temperature of freezer #5 in the kitchen measured 9° 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.  
Immediately: All staff persons shall be educated on the requirement that all food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit, all frozen food shall be kept at or below 0 degrees Fahrenheit and that an operable thermometer is present in all refrigerators and freezers.  
Immediately: A designated staff person shall inspect all refrigerators and freezers twice daily to ensure proper food storage temperatures in accordance with 2800.103f. Any refrigerator found to be over 40 degrees Fahrenheit or any freezer found to be over 0 degrees Fahrenheit shall immediately be turned down and re-checked in one hour. If the temperature still exceeds the required temperature, all food items shall immediately be removed and placed in a refrigerator or freezer which maintains the required temperature and shall not be used until serviced by a professional serviceman. Documentation of all refrigerator and freezer temperatures shall be kept. All staff members shall be educated on this system. Documentation of the education shall be kept.

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) *Brandy Grossman/A.Admin*      Date *2/17/17*

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DEC 09 2016

Violation Report: 42856 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 7/15/16, there was an approximate 1/8" accumulation of lint in the lint trap of the dryer on the far, left side of the laundry room. The dryer was not in use and there were no clothes in the dryer.

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 Page 9A of 20

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brandy Grossman*      Date *12/9/16*

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See Page 9A of 20

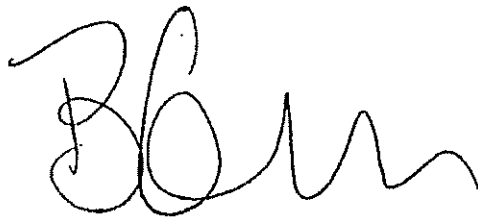
Parker Personal Care Inc.

Regulation Code 2600.105 (g)(1) - Lint shall be removed from the lint trap and drum of clothes dryers after each use.

Violation - 07/15/16 accumulation of lint was discovered in the laundry room while dryer was not in use and held no clothing at time of discovery.

**Plan of Correction:**

- Laundry staff and direct care staff were reminded of the regulation to reduce the risk of fire hazards.
- Housekeeping will be checking the lint traps of both dryers when dryers are not in use to ensure proper extraction of lint beginning 01/01/17 as part of their daily duties. This will ensure the dryers are checked several times through the day. (will send copy of housekeeping duties if requested)

  
12/9/16

RECEIVED

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

DEC 9 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 7/15/16, the copy of the local municipality's emergency preparedness plan was not posted in a conspicuous and public place.

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 Page 10A of 20

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) *Brandy Grossman*      Date *12/9/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

Page 10A of 20

Report page 10 of 20

Staff contacted Armstrong County, they do not have an emergency preparedness plan.

The Home has a copy of the Butler County Emergency Preparedness Plan. It will be posted in a conspicuous and public place. A copy can be provided to DHS if needed.

Immediately: A designated staff person shall check the home monthly to ensure copies of the emergency procedures specified in 2600.107, to include the emergency preparedness plan for the municipality in which the home is located, are posted in a conspicuous and public place in the home.

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Violation Report: 42656 - 07/15/2016 - Rahuba, Matt PCH Name: PARKER PERSONAL CARE FACILITY	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.


2a. DESCRIPTION OF VIOLATION  
The front door was one of the exit routes used for each of the following monthly fire drills from August 2015 through June 2016 as follows:

- 8/11/15 at 4:05 p.m.
- 9/21/15 at 6:00 p.m.
- 10/9/15 at 6:00 a.m.
- 11/12/15 at 1:00 p.m.
- 12/21/15 at 5:50 a.m.
- 1/12/16 at 11:00 a.m.
- 2/22/16 at 4:00 p.m.
- 3/31/16 at 3:00 p.m.
- 4/12/16 at 6:00 p.m.
- 5/18/16 at 6:05 a.m.
- 6/23/16 at 7:00 p.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.

See Page 11A of 20

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Brandy Grossman	12/9/16

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>f</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

Parker Personal Care Inc.

Regulation Code 2600.132(f) - Alternate exit routes shall be used during fire drills.

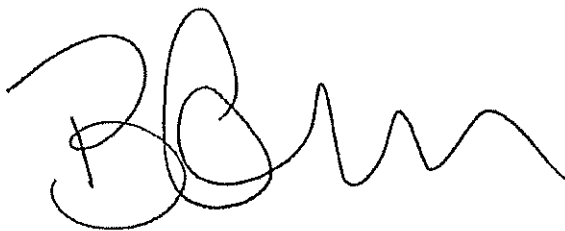
Violation - Front doors were used in all fire drill evacuations as exits.

Plan of Correction:

- Fire drills will be conducting rotating exit routes.
- Exit routes will be documented accurately according to exits used.
- Front doors will be used in the event of an emergency, and will be incorporated in the rotation of exit routes; will not be used monthly as a main exit route.

A fire drill was conducted on 12/7/16 using only the side exits.

Immediately: A designated staff person shall review the home's fire drill records monthly to ensure alternate exits are used.



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Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Nurse's notes written by staff member A on 7/26/16, at 7:00 p.m., indicated resident #2 was "having trouble c" his/her "left foot upon transfer to BR - unable to move/maneuver left foot/leg. Weakness to L hand - no L hand dexterity." However, the resident was not sent out for medical attention until 8/1/16, at which time he/she was diagnosed as having a transient ischemic attack.

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 Pages 12A and 12B of 20

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) *Brandy Gussman*      Date *12/9/16*

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

The above plan of correction is approved as of 3/6/17 (Date)      Plan of correction implementation status as of 3/6/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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


Parker Personal Care Inc.

Regulation Code 2600.142(a) The home shall assist the resident to secure medical care if health status declines.

Violation - Nurses note documented Resident #2 was having trouble with left foot upon transfer to BR, no L hand dexterity and weakness to L hand. Resident was not sent for medical attention until 6 days after noted, resident was then diagnosed with a TIA.

Plan of Correction:

- At the time of this incident the previous Administrator would not contact emergency services despite complaints of medical attention needed by DCS and Concordia home health agency request.
- Concordia home health contacted PCP and was advised to send resident to ER for immediate evaluation on 08/01/16, at which time previous Administrator had no alternative.
- Previous Administrator has since been removed from the facility and will no longer withhold medical attention to any resident.
- Staff have been advised to seek medical attention from emergency services promptly upon discovery of questionable behaviors and to notify "on-call" staff so a follow up may be made with appropriate entity resident sought attention and incident report may be completed and sent to the Department Regional office.

  
12/9/16

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FEB 17 2017

Page 12 of 20

Violation Report: 42856 - 07/16/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Nurse's notes written by staff member A on 7/26/16, at 7:00 p.m., indicated resident #2 was "having trouble c" his/her "left foot upon transfer to BR - unable to move/maneuver left foot/leg. Weakness to L hand - no L hand dexterity." However, the resident was not sent out for medical attention until 8/1/16, at which time he/she was diagnosed as having a transient ischemic attack.

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.

Immediately: A designated staff person shall develop and implement a system to ensure that a decline in a resident's status is acted upon promptly and that the home secures medical care. The home shall document the resident's need for medical care in the resident's assessment and support plan. All staff persons shall be educated on the new system.

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)

Brandy Grossman / A. Admin

Date

2/17/17

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

The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

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DEC 09 2016

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #5 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications; however, the resident self-administers icy hot pain relief lotion - apply topically to painful joints every two hours as needed for pain.

Resident #7 self-administers the following medications; however, he/she has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications:

- \* Desoximetasone 0.25% ointment - apply to rash twice a day for skin rash
- \* Triamcinolone 0.1% cream - apply topically twice a day to groin rash
- \* Aspercreme 10% - apply as needed for aches

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 Pages 13A and 13B of 20

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brandy Crossman</i>	<i>12/9/16</i>

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Parker Personal Care Inc.

Regulation Code 2600.181(c) - Resident self administration and PCP assessment to have ability to self administer medication.

Violation - Resident #5 and Resident #7 were both self administering topical medications independently without proper assessment of ability to do so by their PCP.

Plan of Correction:

- Self administration assessments by PCP will be closely monitored.
- DME forms will be properly completed upon assessment performed by PCP and will be documented accurately according to any resident in the facilities ability to self administer any type of medication.
- Resident medications (topical or oral) will not be allowed in the residents room without proper documentation that they are able to self administer those specific medications.
- Medications were removed from the residents' rooms upon discovery on 07/15/16.

Residents in the home no longer self-administer medications.

*[Handwritten Signature]*

12/9/16

*[Handwritten Signature]*  
3/6/17

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FEB 17 2017

Page 13<sup>B</sup> of 20

Violation Report: 42666 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #5 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications; however, the resident self-administers icy hot pain relief lotion - apply topically to painful joints every two hours as needed for pain.

Resident #7 self-administers the following medications; however, he/she has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications:

- \* Desoximetasone 0.25% ointment - apply to rash twice a day for skin rash
- \* Triamcinolone 0.1% cream - apply topically twice a day to groin rash
- \* Aspercreme 10% - apply as needed for aches

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.

Immediately; No resident shall self-administer medications without being assessed by a physician, physician's assistant or certified registered nurse practitioner. Any resident who is assessed as able to self-administer medications shall have an updated assessment indicating the ability to self-administer medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Brandy Grossman/A. Admin* Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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Violation Report: 42656 - 07/15/2016 - Rahuba, Malt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.183(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

The following medication belonging to resident #8 was unlocked and accessible in the resident's unlocked, shared bedroom:

- \* Sensi Care barrier cream- apply topically to intergluteal cleft twice a day for excoriation

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 Pages 14A and 14B of 20

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) *Brandy Grossman*      Date *12/9/16*

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

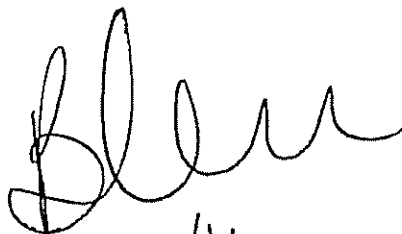
Parker Personal Care Inc.

Regulation Code 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container tht is locked. Including those left in resident's rooms.

Violation - Resident #6 had barrier cream unlocked and accessible in the resident's unlocked, shared bedroom.

**Plan of Correction:**

- Barrier cream was removed from the residents bedroom upon discovery.
- Resident is a patient of Amedisys Hospice, which was the providing agency of the cream, Nurse left cream in the room to ensure comfort to the residents coccyx area.
- Agencies and staff were advised that residents are to have their comfort measures in a sealed container or locked area (ie: med rooms) for use.
- Agencies will not be permitted to bring in comfort creams and cleansers without notification to staff or administration and without proper storage of products available.

  
12/9/16

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Page 14 of 20

Violation Report: 42858 - 07/16/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 58 Pa. Code §2600

2800.183(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

The following medication belonging to resident #8 was unlocked and accessible in the resident's unlocked, shared bedroom:

- \* Sensi Care barrier cream- apply topically to intergluteal cleft twice a day for excoriation

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.

Within 15 days of receipt of the plan of correction: All staff persons shall be educated on the importance that all prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked, which includes medications stored in resident bedrooms who are assessed as able to self-administer medications.

Immediately: A designated staff person shall inspect the home weekly to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked, which includes medications stored in resident bedrooms who are assessed as able to self-administer medications.

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)

Brandy Grossman / A. Admin

Date 2/17/17

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

The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED

DEC 09 2016

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY.

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 7/22/16, the following medications were stored in the closet in the office of staff member A, the administrator. Staff person A indicated narcotics to be disposed of are placed in this closet. All of the medications were either discontinued, expired, or for residents that no longer reside in the home:

- \* 1 bottle (3/4 full) of Guaifenesin Codeine Syrup belonging to resident #8 - take one teaspoonful every 6 hours as needed. The attached narcotics count sheet indicated the cough syrup was last administered on 8/20/15.
- \* 1 medication cassette of Lorazepam, 1mg tablet belonging to resident #9 - take 1 tablet by mouth at bedtime as needed. This medication was discontinued. The attached narcotics count sheet indicated the medication was last administered on 7/8/16.
- \* 1 - 50gm jar of Silver sulfadiazine 1% cream belonging to resident #10 - apply to affected area twice a day until nurses able to replace UVA boot. Fill date 10/17/13.
- \* 1 card of Hydrocodone/APAP 5/325mg tablets belonging to resident #11 - take 1/2 tablet every 4-6 hours as needed for pain. The attached narcotics count sheet indicates the medication was last administered on 6/28/16.
- \* 1 bottle of Trazadone 100mg tablets belonging to resident #12 - take 1/2 tablet daily at bedtime. The attached narcotics count sheet indicates the medication was last administered on 6/22/16. The resident passed away on 8/29/16.
- \* 1 bottle of Busprone HCL 10mg tablets belonging to resident #12 - take 1 tablet 3 times a day. The attached narcotics count sheet indicates the medication was last administered on 6/23/16. The resident passed away on 6/29/16.
- \* 1 bottle of Promethazine-Codeine Syrup belonging to resident #13. The fill date of the medication was 11/5/14.
- \* 1 bottle of Promethazine-Codeine Syrup, with an expiration date of 9/2013, belonging to resident #14.
- \* 1 bottle of Cheratussin AC syrup belonging to resident #15. The prescription was filled on 2/15/13.
- \* 1 bottle of Cheratussin AC syrup, with an expiration date of 12/2014. The pharmacy label was partially torn off and did not include any resident information.

On 7/22/16, there was a tube of Urea cream 20%, with an expiration date of 8/22/16, belonging to resident #5 in the medication cart.

On 8/25/16, there were several medications in staff member B and staff member C's trash cans, located in the administrator's office, to include the following:

- \* 1 box of Zinc Oxide 20% ointment belonging to resident #12
- \* 1 bottle of Furosemide 40mg tablets belonging to resident #16

On 8/25/16, staff member B placed a medication card of Tramadol/APAP 37.5-325mg, prescribed to resident #2, in his/her purse. Ten pills remained in the card. This resident was discharged on 8/17/16.

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.

See Pages 16A and 16B of 20

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) Brandy Grossman      Date 12/9/16

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

The above plan of correction is approved as of 3/6/17 (Date)

Plan of correction implementation status as of 3/6/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress +

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DEC 09 2016

Page 16 of 20

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2800**

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.

The above plan of correction was approved by \_\_\_\_\_

(Initials)

Partially Implemented - Inadequate Progress

Not Implemented

*Blm*  
*12/9/16*

Parker Personal Care Inc.

Regulation Code 2600.183(f) - Prescription medications, OTC medications and CAM that are d/c, expired or for residents who are no longer served at the home shall be destroyed in a safe manner... When a resident leaves the home, the medications shall be given to the resident, designated person or entity taking responsibility for the new placement on the day of departure.

Violation - Several medications were found in the closet of the Administrator. All medications were d/c, expired, or for residents that no longer reside in the home. Cream was discovered to be expired in medication cart on 07/22/16. Staff member B placed a card of tramadol in her purse belonging to a discharged resident, and placed medications in the trash can.

Plan of Correction:

- Administrator that withheld noted medications in closet of occupied office has been discharged from her duties effective 12/04/16.
- Medication was destroyed by Administrator and Asst. Administrator at time of discovery in the library were the Inspectors were located in the home.
- Staff member B was removed from passing medications in the facility permanently and is to no longer have access to any medications in the home. Administrator notified YWCA of incident and state police. Police found no intention of theft or harm from staff member B and did not pursue charges.
- Staff member B was relieved of all supervisory duties.
- YWCA RN will be visiting the home for medical assessment.
- Pharmacy has agreed to collect any necessary medications needed for

Destruction.

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12/9/16

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Page 10<sup>B</sup> of 20

Violation Report: 42858 - 07/16/2016 - Rehuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 7/22/16, the following medications were stored in the closet in the office of staff member A, the administrator. Staff person A indicated narcotics to be disposed of are placed in this closet. All of the medications were either discontinued, expired, or for residents that no longer reside in the home:

- \* 1 bottle (3/4 full) of Guaifenesin Codeine Syrup belonging to resident #8 - take one teaspoonful every 6 hours as needed. The attached narcotics count sheet indicated the cough syrup was last administered on 8/20/15.
- \* 1 medication cassette of Lorazepam, 1mg tablet belonging to resident #9 - take 1 tablet by mouth at bedtime as needed. This medication was discontinued. The attached narcotics count sheet indicated the medication was last administered on 7/8/16.
- \* 1 - 50gm jar of Silver sulfadiazine 1% cream belonging to resident #10 - apply to affected area twice a day until nurses able to replace UVA boot. Fill date 10/17/13.
- \* 1 card of Hydrocodone/APAP 5/325mg tablets belonging to resident #11 - take 1/2 tablet every 4-8 hours as needed for pain. The attached narcotics count sheet indicates the medication was last administered on 6/28/16.
- \* 1 bottle of Trazadone 100mg tablets belonging to resident #12 - take 1/2 tablet daily at bedtime. The attached narcotics count sheet indicates the medication was last administered on 6/22/16. The resident passed away on 8/29/16.
- \* 1 bottle of Buspirone HCL 10mg tablets belonging to resident #12 - take 1 tablet 3 times a day. The attached narcotics count sheet indicates the medication was last administered on 6/23/16. The resident passed away on 8/29/16.
- \* 1 bottle of Promethazine-Codeine Syrup belonging to resident #13. The fill date of the medication was 11/5/14.
- \* 1 bottle of Promethazine-Codeine Syrup, with an expiration date of 9/2013, belonging to resident #14.
- \* 1 bottle of Cheratussin AC syrup belonging to resident #15. The prescription was filled on 2/15/13.
- \* 1 bottle of Cheratussin AC syrup, with an expiration date of 12/2014. The pharmacy label was partially torn off and did not include any resident information.

On 7/22/16, there was a tube of Urea cream 20%, with an expiration date of 8/22/16, belonging to resident #5 in the medication cart.

On 8/25/16, there were several medications in staff member B and staff member C's trash cans, located in the administrator's office, to include the following:

- \* 1 box of Zinc Oxide 20% ointment belonging to resident #12
- \* 1 bottle of Furosemide 40mg tablets belonging to resident #16

On 8/25/16, staff member B placed a medication card of Tramadol/APAP 37.5-325mg, prescribed to resident #2, in his/her purse. Ten pills remained in the card. This resident was discharged on 8/17/16.

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.

Immediately: The home shall develop and implement a new system to ensure all medications which are discontinued, expired or for residents who no longer reside in the home are destroyed in a manner according to the Department of Environmental Protection and Federal and State regulations. All staff members shall be educated on the new system.

Immediately: A designated staff person qualified to administer medications in accordance with 2600.182b shall inspect all medication storage areas weekly to ensure there are no medications present which are discontinued, expired or for residents who no longer reside in the home.

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
Brandy Grossman / A. Admin		2/17/17

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

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DEC 09 2016

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 7/22/16, several bottles of medications to include the following were located in a blue pencil box, stored in the metal filing cabinet in the office of staff person A, the administrator, with only the medication name and dosage handwritten and taped to the bottle.

- \* Ativan 0.5mg tablets with 70.5 pills in the bottle
- \* Ativan 1mg tablets with 86.5 pills in the bottle
- \* Zofran 4mg tablets, 3/4 full
- \* Zofran 8mg tablets with 5 pills in the bottle

Resident #6 is prescribed Quetiapline fumarate 25mg, 1 tablet in the morning and 50mg, 1 tablet in the evening. However, on 7/22/16, the pharmacy label indicated Quetiapline fumarate 25mg, take 1 tablet twice a day.

Resident #6 is prescribed Sertraline HCL 100mg, take 1 tablet daily. However, on 7/22/16, the pharmacy label indicated Sertraline HCL 100mg, take 2 tablets daily.

Resident #5 is prescribed Novolog, inject 35 units sub-q 30 minutes before meals every day. However, on 7/22/16, the pharmacy label indicated inject 25 units sub-q before breakfast, 20 units before lunch, 25 units before dinner.

Resident #5 is prescribed Levemir, 90 units at bedtime. However, on 7/22/16, the pharmacy label indicated 80 units before bedtime.

Resident #7 is prescribed Dorzolamide/Timolol Eye Drop 2%/0.5%, instill one drop into left eye twice a day. However, on 7/22/16, the pharmacy label indicated to instill in both eyes.

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 Pages 17A and 17B of 20

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brandy Grossman</i>	<i>12/9/16</i>

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>P</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented


Parker Personal Care Inc.

Regulation Code 2600.184(a) - Original container for prescription medications shall be labeled with pharmacy label that includes name, medication, date of issuance, dosing and instructions, prescriber.

Violation - On 07/22/16, medications were located in a blue pencil box, stored in a metal filing cabinet in the Administrators office with only medication name and dosage handwritten and taped to the bottle.

Plan of Correction:

- Medication noted was destroyed upon discovery by the Administrator and Asst. Administrator.
- Administrator was relieved of duties as of 12/04/16 for not following standard protocol according to regulations and since noted violations.

Resident #5 no longer resides in the home.   
3/6/17



12/9/16

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FEB 17 2017

Page 17 of 20 <sup>B</sup>

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 7/22/16, several bottles of medications to include the following were located in a blue pencil box, stored in the metal filing cabinet in the office of staff person A, the administrator, with only the medication name and dosage handwritten and taped to the bottle.

- \* Ativan 0.5mg tablets with 78.5 pills in the bottle
- \* Ativan 1mg tablets with 86.5 pills in the bottle
- \* Zofran 4mg tablets, ¾ full
- \* Zofran 8mg tablets with 6 pills in the bottle

Resident #6 is prescribed Quetiapline fumarate 25mg, 1 tablet in the morning and 50mg, 1 tablet in the evening. However, on 7/22/16, the pharmacy label indicated Quetiapline fumarate 25mg, take 1 tablet twice a day.

Resident #6 is prescribed Sertraline HCL 100mg, take 1 tablet daily. However, on 7/22/16, the pharmacy label indicated Sertraline HCL 100mg, take 2 tablets daily.

Resident #5 is prescribed NovoLog, inject 35 units sub-q 30 minutes before meals every day. However, on 7/22/16, the pharmacy label indicated inject 25 units sub-q before breakfast, 20 units before lunch, 25 units before dinner.

Resident #5 is prescribed Levemir, 90 units at bedtime. However, on 7/22/16, the pharmacy label indicated 80 units before bedtime.

Resident #7 is prescribed Dorzolamide/Timolol Eye Drop 2%/0.5%, instill one drop into left eye twice a day. However, on 7/22/16, the pharmacy label indicated to instill in both eyes.

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.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medications, including residents #6 and #7, to ensure each medication is labeled with a pharmacy label which is accurate in accordance with the prescriber's orders. Documentation of the audits shall be kept.

Immediately: The administrator or designated staff person qualified to administer medications in accordance with 2600.182b shall develop and implement a system to ensure all pharmacy labels are immediately updated once a change is made in writing by the prescriber. All staff persons qualified to administer medications shall be educated on the new system. Documentation of the education shall be kept.

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)

Brandy Grossman/A. Admin

Date 2/17/17

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

The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

RECEIVED

DEC 09 2016

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Triple antibiotic ointment - apply topically to affected area (folds/groin/peri areas) as needed for skin irritations. However, on 7/22/16, the medication was not available for administration.

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

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

See Pages 18A and 18B of 20

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) *Brandy Armsman*      Date *12/9/16*

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

The above plan of correction is approved as of 3/6/17 (Date)

Plan of correction implementation status as of 3/6/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[checkmark]*
- Not Implemented

Parker Personal Care Inc.

Regulation Code 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.

Violation - On 07/22/16, medication was not available to Resident #5

Plan of Correction:

- All medication orders will be easily accessible to designated personnel for confirmation or order and frequency.
- Medications will be ordered, as needed, prior to medication being depleted.
- Cart audits will be performed weekly, any medications that need reordered will be done at that time. Copy of medication order forms to the appropriate pharmacy will be kept for 7 days for reference.

Resident #5 no longer resides in the home.

*[Signature]*  
3/6/17

*[Signature]*

12/9/16

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FEB 17 2017

Page 18<sup>B</sup> of 20

Violation Report: 42856 - 07/15/2016 - Rehoba, Malt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Triple antibiotic ointment - apply topically to affected area (folds/groin/peri areas) as needed for skin irritations. However, on 7/22/16, the medication was not available for administration.

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

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

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medications and prescriber's orders to ensure all medications prescribed are present in the home.

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
Brandy Grossman/A. Admin			2/17/17

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>F</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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DEC 09 2016

Violation Report: 42656 - 07/15/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Calcium 600+ Vitamin D 400 tablets - take 1 tablet every day. However, the July 2016 medication administration record (MAR) indicates Calcium 600 + Vitamin D 800.

Resident #6 is prescribed Albuterol 0.083% solution, 1 vial in nebulizer every 4 hours as needed. However, the July 2016 MAR indicates Albuterol 0.083% solution, 1 vial in nebulizer 4 times daily as needed.

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 Pages 19A and 19B of 20

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Blum</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brandy Brissman</i>	<i>12/9/16</i>

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction Implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Parker Personal Care Inc.

Regulation Code 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered...  
(List of 1-14)

Violation - Resident #6 had medications that did not match the MAR.

Plan of Correction:

- All medication orders will be easily accessible to designated personnel for confirmation or order and frequency.
- Cart audits will be performed weekly. Medication labels will be compared to the MAR. If a discrepancy is found, both will be compared to the original PCP order, appropriate pharmacy will be notified, and the correct medication will be written in the MAR for proper administration and documentation.

Resident #6's medication administration record was updated to reflect current prescriber's orders. ✓  
3/6/17

  
12/9/16

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Page 19<sup>B</sup> of 20

Violation Report: 42658 - 07/16/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Calcium 600+ Vitamin D 400 tablets - take 1 tablet every day. However, the July 2016 medication administration record (MAR) indicates Calcium 600 + Vitamin D 800.

Resident #6 is prescribed Albuterol 0.083% solution, 1 vial in nebulizer every 4 hours as needed. However, the July 2016 MAR indicates Albuterol 0.083% solution, 1 vial in nebulizer 4 times daily as needed.

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.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medication administration records (MAR) to ensure all items specified in 2600.187a are present and accurate in accordance with the prescriber's orders.

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) *Brandy Grossman / A. Admin*      Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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DEC 09 2016

Violation Report: 42658 - 07/16/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

The preadmission screening form, dated [redacted] 15, for resident #5 does not include a determination that the home can meet the service needs of 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 Pages 20A and 20B of 20

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) *Brandy Grossman*      Date *12/9/16*

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

The above plan of correction is approved as of 3/6/17 (Date)

Plan of correction implementation status as of 3/6/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Parker Personal Care Inc.

Regulation Code 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.

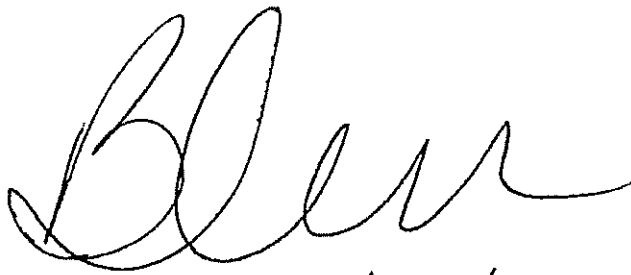
Violation - Resident #5 had a preadmission screening form; did not contain if the home could meet the need of services to the resident.

Plan of Correction:

- Administrator documented that the home could meet the need at the time of discovery. (See attached form)
- Preadmission screening forms will be completed in it's entirety and checked upon completion before filing.

Resident #5 no longer resides in the home.

P  
3/6/17



12/9/16

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FEB 17 2017

Page 20<sup>B</sup> of 20

Violation Report: 42658 - 07/16/2016 - Rahuba, Matt  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa. Code §2800

2800.224(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

The preadmission screening form, dated [redacted] 15, for resident #5 does not include a determination that the home can meet the service needs of 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.  
Immediately: A designated staff person shall develop and implement a system to ensure a preadmission screening is completed in its entirety, to include a determination the home can meet the resident's needs, within 30 days of admission.

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
Brandy Grossman / A. Admin			2/17/17

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800**

PCH Name: PARKER PERSONAL CARE FACILITY		<b>RECEIVED</b>	License Number: 42656
Address: 103 SEWARD STREET, PARKER, PA 16049		<b>DEC 21 2016</b>	County: Armstrong
Administrator: Debbie Dunkle			Region: WEST
Legal Entity Name: PARKER PERSONAL CARE INC		WEST REGION FIELD OFFICE: Human Services Licensing	
Legal Entity Address: C/O YWCA 120 W. CUNNINGHAM ST., BUTLER, PA 16001			
Certificate(s) of Occupancy I-1 11/02/2011 Bureau Veritas North Am.			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Complaint			
On-Site Inspections Dates and Department Representatives On-Site 11/09/2016: Garrigan, Laurie; Barone, Barbara			
Off-Site Inspection Dates and Inspectors, if Applicable			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 40 Number of Residents Served: 28 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: 3 Number of Hospice Residents in past year: 6		<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 28 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

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Violation Report: 42656 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 9/29/16 at approximately 8:00 a.m., staff person H administered to resident #1 the prescription medications for resident #5 in error to include Levothyroxine 25 mcg., Aspirin 81 mg., and Diovan 80/12.5 mg.

This incident was not reported to the Department until 11/9/16.

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.

See Page 2A of 8

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) *Brandy Grossman*      Date *12/21/16*

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Page 2A of 8

Parker Personal Care Inc.

DEC 21 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation Code 2600.16(c) – The home shall report the incident or condition to the Departments personal care home regional office or the persona care home complaint hot line within 24 hours in the manner designated by the Department.

Violation – On 09/29/16 Resident #1 was administered Resident #5 medications by staff member H without an incident report sent til 11/09/16.

Plan of Correction:

- Incident was sent to the Department of Human Services as a late entry upon discovery.
- Office Personnel have been advised that incident reports are to be completed and sent to the Department Regional Office within 24 hours of an incident.
- Direct Care and Ancillary Staff will be trained on completing incident report forms and faxing them to the Department Regional Office. Description of Incidents will be available to the staff printed directly from the Regulatory Compliance Guide Appendix B.

*Blair*  
*Brandy* *GROSSMAN*  
*12/21/16*

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DEC 21 2016

Page 3 of 8

Violation Report: 42656 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The lock on the front hallway medication cart is broken, posing a safety 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.

See Pages 3A and 3B of 8

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) *Brandy Grossman*

Date *12/21/16*

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The above plan of correction is approved as of 3/6/17  
(Date)

Plan of correction implementation status as of 3/6/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Page 3A of 8

Parker Personal Care Inc.

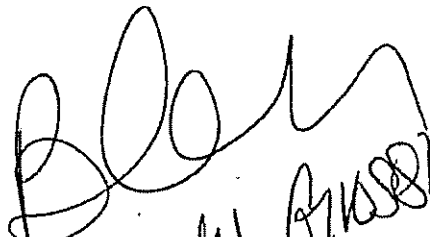
WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation Code 2600.95 – Furniture and equipment must be in good repair, clean and free of hazards.

Violation – The lock on the front hallway medication cart is broken, posing a safety hazard.

Plan of Correction:

- Maintenance Department replaced the center shaft of the push lock on the medication cart and the cart is now able to lock and unlock without difficulty.
- Klingensmiths Pharmacy is the supplier of the medication carts and has agreed to replace both medication carts pending our change in routine medication exchange. Routine medication exchange is anticipated for January 2017.

  
Brandy Grossman  
12/21/16

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Page 3 of 8 <sup>B</sup>

Violation Report: 42858 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The lock on the front hallway medication cart is broken, posing a safety 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.  
Immediately, then monthly thereafter: A designated staff person shall inspect all furniture and equipment, to include locks on all medication storage areas, to ensure all furniture and equipment is in good repair, clean and free of hazards.

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) *Brandy Grossman / A. Admin*      Date *2/17/17*

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The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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Page 4 of 8

Violation Report: 42856 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection by a fire safety expert was conducted on 9/21/15.

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 Pages 4A and 4B of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*BLR*

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

*Brandy Emsman*

Date

*12/21/16*

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The above plan of correction is approved as of

*3/6/17*  
(Date)

Plan of correction implementation status as of

*3/6/17*  
(Date)

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

The above plan of correction was approved by

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(Initials)

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Page 4A of 8

Parker Personal Care Inc.

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation Code 2600.132(b) – A fire safety inspection and fire drill conducted by fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Violation – The most recent fire safety inspection by a fire safety expert was conducted on 09/21/2015.

Plan of Correction:

- On Friday November 25, 2016 an inspection was performed by [REDACTED] Documentation of this inspection and the deficiencies noted were provided to Parker Personal Care for correction. ( See attached report)

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Brandy Erasmann  
12/21/16

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Page 4 of 8

Violation Report: 42666 - 11/09/2016 - Garrigan, Laurie  
POH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
The most recent fire safety inspection by a fire safety expert was conducted on 9/21/16.

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.  
Immediately: A designated staff person shall develop and implement a tracking system to ensure a fire safety inspection and fire drill conducted by a fire safety expert shall be completed at least annually.

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) *Brandy Grossman, R.A. Admin.*      Date *2/17/17*

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The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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DEC 21 2016

Page 5 of 8

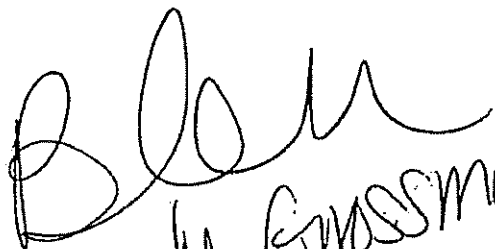
Violation Report: 42656 - 11/09/2016 - Garrigan, Laurie		WEST REGION FIELD OFFICE	
PCH Name: PARKER PERSONAL CARE FACILITY		Human Services Licensing	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.			
<b>2a. DESCRIPTION OF VIOLATION</b> Staff person A has not completed an annual practicum, as required by the Department-approved medication administration course since 3/12/12. However, staff person A administered medications to resident #2 on 11/4/16 and 11/5/16 at 8:00 am including Pantoprazole 20mg, Lisinopril 20mg and Mamentine HCL 10mg. Staff person A also administered medications to resident #3 on 11/4/16 and 11/5/16 at 8:00 am including Januvia 50mg, Advair 500-50 Diskus and Docusate Sodium 100mg.			
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i>			
See Pages 5A and 5B of 8			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brandy Grossman</i>			Date <i>12/21/16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/6/17</u> (Date)		Plan of correction implementation status as of <u>3/6/17</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[Signature]</i> <input type="checkbox"/> Not Implemented	

Regulation Code 2600.190 (a) – Staff person who has successfully completed a Department approved medications administrations course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Violation – Staff person A has not completed the annual practicum, as required by the Department approved medication administration course since 3/12/12. Staff person A administered medications to Resident #2 and Resident #3 on 11/04/16 and 11/05/16.

Plan of Correction:

- Staff member A was removed from the schedule as a key holder to any medication carts upon discovery.
- Staff member A will be performing only direct care to residents until a new Medication Administration class is performed and staff member A completes the required course.

  
Brandy Grossman  
12/21/16

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Page 5 of 8

Violation Report: 42858 - 11/09/2016 - Garigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not completed an annual practicum, as required by the Department-approved medication administration course since 3/12/12. However, staff person A administered medications to resident #2 on 11/4/16 and 11/5/16 at 8:00 am including Pantoprazole 20mg, Lisinopril 20mg and Memantine HCL 10mg. Staff person A also administered medications to resident #3 on 11/4/16 and 11/5/16 at 8:00 am including Januvia 50mg, Advair 500-50 Diskus and Docusate Sodium 100mg.

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.

Immediately: A designated staff person shall review all staff training records to ensure all staff persons who administer medications are qualified in accordance with 2600.182b, to include successful completion of the Department-approved medications course that includes the passing of the Department's performance based competency test for those staff members who do not meet the requirements of 2600.182b1 through 2600.182b3.

Immediately: A designated staff person shall develop and implement a system to ensure all staff persons administering medications in accordance with 2600.190a have successfully completed the Department-approved medications administration course at least annually. Documentation of the system shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Brandy Grossman / A-Admin

Date

2/17/17

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The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

*L*  
(Initials)

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

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Violation Report: 42656 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

- \* Staff person D has not completed a Department-approved diabetes patient education program. Staff person D administered insulin to resident #2, on 11/2/16 and 11/7/16 at 7:30a.m. and 11:30 a.m., and resident #3, on 11/7/16 at 11:30a.m.
- \* Staff person A's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person A administered insulin to resident #2, on 11/4/16, and 11/5/16 at 7:30 a.m. and 11:30 am.
- Staff person E's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person E administered insulin to resident #2 on 11/8/16 and 11/8/16 at 7:30 a.m. and 11:30 a.m., and to resident #3 on 11/8/16 at 7:30 a.m. and 11:30 a.m., and on 11/9/16 at 7:30 a.m.
- \* Staff person F's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person F administered insulin to resident #2 and resident #3 on 11/3/16 at 4:30 p.m.
- \* Staff person G's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person G administered insulin to resident #2 and resident #3 on 10/24/16 at 4:30 p.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.

See Pages 6A and 6B of 8

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) *Brandy Grossman*      Date *12/21/16*

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The above plan of correction is approved as of *3/6/17* (Date)      Plan of correction implementation status as of *3/6/17* (Date)

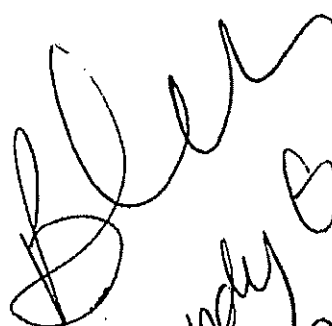
- Fully Implemented
  - Partially Implemented - Adequate Progress *[Signature]*
  - Partially Implemented - Inadequate Progress
  - Not Implemented
- The above plan of correction was approved by *[Signature]* (Initials)

Regulation Code 2600.190 (b) – A staff person is permitted to administer insulin injections following successful completion of a Department approved medication administrations course that includes the passing of a written performance based competency test within the past 2 years as well as successful completion of Department approved diabetes patient education program withing the past 12 months.

Violation – Staff persons A, D, E, F, and G administered insulin to resident #2 between 10/24/16 and 11/09/16.

Plan of Correction:

- All listed staff members were required to attend a diabetic education course within days of discovery. ( See attached certifications)
- Staff will be trained within a 12 month period of previous certification for diabetes education as required by the Department of Human Services

  
Brandy Grossman  
12/21/16

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Page 6 of 8 <sup>B</sup>

Violation Report: 42658 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2500

2800.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

- Staff person D has not completed a Department-approved diabetes patient education program. Staff person D administered Insulin to resident #2, on 11/2/16 and 11/7/16 at 7:30a.m. and 11:30 a.m., and resident #3, on 11/7/16 at 11:30a.m.
- Staff person A's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person A administered insulin to resident #2, on 11/4/16, and 11/5/16 at 7:30 a.m. and 11:30 am.
- Staff person E's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person E administered insulin to resident #2 on 11/6/16 and 11/8/16 at 7:30 a.m. and 11:30 a.m., and to resident #3 on 11/8/16 at 7:30 a.m. and 11:30 a.m., and on 11/9/16 at 7:30 a.m.
- Staff person F's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person F administered insulin to resident #2 and resident #3 on 11/3/16 at 4:30 p.m.
- Staff person G's most recent Department-approved diabetes patient education program was completed on 6/23/15. Staff person G administered insulin to resident #2 and resident #3 on 10/24/16 at 4:30 p.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.

Immediately: A designated staff person shall develop and implement a system to ensure all staff persons administering insulin in accordance with 2800.190b have successfully completed the Department-approved medication administration course that includes the passing of a written performance-based competency test, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brandy Grossman / A. Admin</i>			Date <i>2/17/17</i>

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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DEC 21 2016

Violation Report: 42858 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #4, admitted [redacted] '16, did not have a preadmission screening completed.

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 Pages 7A and 7B of 8

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) *Brandy Grossman*      Date *12/21/16*

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

The above plan of correction is approved as of 3/6/17 (Date)

Plan of correction implementation status as of 3/6/17 (Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Parker Personal Care Inc.

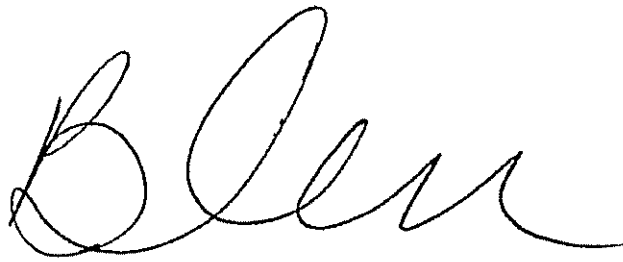
Page 7A of 8

Regulation Code 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.

Violation – Resident #4, admitted [REDACTED] 16, did not have a preadmission screening completed.

Plan of Correction:

- A preadmission screening form was completed on 11/09/16 upon discovery.
- Admissions will be performed by newly designated personnel, including completion of all necessary Department required documents, effective 11/14/16.

  
Brandy Grossman  
12/21/16

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Page <sup>B</sup> 7 of 8

Violation Report: 42858 - 11/09/2016 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.224(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 #4, admitted [redacted] 18, did not have a preadmission screening completed.

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.

Immediately: A designated staff person shall develop and implement a system to ensure a preadmission screening is completed in its entirety, to include a determination the home can meet the resident's needs, within 30 days of admission.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman / A. Admin*      Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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DEC 21 2016

Page 8 of 8

Violation Report: 42656 - 11/09/2016 - Garrigan, Laurie		WEST REGION FIELD OFFICE	
PCH Name: PARKER PERSONAL CARE FACILITY		Human Services Licensing	
<b>1. REGULATION 55 Pa. Code §2600</b> 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.			
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1's assessment, dated 7/1/16, does not include a mobility assessment. That section is left blank.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
See Pages 8A and 8B of 8			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>BCU</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>12/21/16</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u><i>3/6/17</i></u> (Date)		Plan of correction implementation status as of <u><i>3/6/17</i></u> (Date)	
The above plan of correction was approved by <u><i>f</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>f</i>	

Parker Personal Care Inc.

Regulation Code 2600.225(c) – The resident shall have additional assessments as follows: Annually, condition of the resident significantly changes prior to annual, request of the Department upon cause to believe that an update is required.

Violation – Resident #1's assessment, does not include a mobility assessment. Section left blank.

Plan of Correction:

- Mobility assessment for Resident #1 was completed upon discovery on 11/09/16.
- Admissions, including Department documents, will be completed by newly designated personnel as of 11/14/15.



Brandy Grossman  
12/21/16

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Page <sup>B</sup> 8 of 8

Violation Report: 42858 - 11/08/2016 - Garrigan, Laurie		WEST REGION FIELD OFFICE	
PCH Name: PARKER PERSONAL CARE FACILITY		Human Services Licensing	
<b>1. REGULATION 55 Pa. Code §2600</b> 2800.225(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.			
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1's assessment, dated 7/1/16, does not include a mobility assessment. That section is left blank.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Immediately: Resident #1's assessment shall be updated to include a mobility assessment.  Within 15 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a current assessment, completed in its entirety, which include a mobility assessment.  Immediately: A designated staff person shall develop and implement a system to ensure all resident assessments are updated immediately as resident care needs change.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brandy Grossman / A. Admin</i>			Date <i>2/17/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/6/17</u> (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



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Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

FEB 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 1/20/17, the temperature of the white deep freezer, located in the hallway off the main kitchen, was 2 degrees Fahrenheit at 9:44 a.m., and was 4 degrees Fahrenheit 11:33 a.m.

On 1/20/17, the temperature of freezer #6, located in the dining room, was 20 degrees Fahrenheit at 9:49 a.m., and was 18 degrees Fahrenheit at 11:34 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.

See Pages 2A and 2B of 9

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

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

The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of 3/6/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

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FEB 10 2017

Page 2A of 9

Regulation 2600.103(f)

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation: Temperature of deep freezer in hallway and Freezer #6 were not at the correct temperature reading per regulation

Plan of Correction:

Temperatures for all fridge and freezers are being monitored by each cooking shift which totals two times daily.

The staff also are required to clean the fridge and freezers after breakfast between 8:30am and 9:00am.

Our lunchtime is served at 11:30am.

The thermometers will be placed in an area in the center of the refrigerator instead of the door of each fridge and freezer for a more consistent accurate reading throughout the day.

BLE  
2/10/17  
Brandy Grossman

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FEB 17 2017

Page 2 of 9 <sup>B</sup>

Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.103(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

On 1/20/17, the temperature of the white deep freezer, located in the hallway off the main kitchen, was 2 degrees Fahrenheit at 9:44 a.m., and was 4 degrees Fahrenheit 11:33 a.m.

On 1/20/17, the temperature of freezer #6, located in the dining room, was 20 degrees Fahrenheit at 9:49 a.m., and was 18 degrees Fahrenheit at 11:34 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.

Immediately: All staff persons shall be educated on the requirement that all food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit, all frozen food shall be kept at or below 0 degrees Fahrenheit and that an operable thermometer is present in all refrigerators and freezers.

Immediately: A designated staff person shall inspect all refrigerators and freezers, to include the deep freezer in the hallway and freezer #6, twice daily to ensure proper food storage temperatures in accordance with 2800.103f. Any refrigerator found to be over 40 degrees Fahrenheit or any freezer found to be over 0 degrees Fahrenheit shall immediately be turned down and re-checked in one hour. If the temperature still exceeds the required temperature, all food items shall immediately be removed and placed in a refrigerator or freezer which maintains the required temperature and shall not be used until serviced by a professional serviceman. Documentation of all refrigerator and freezer temperatures shall be kept. All staff members shall be educated on this system. Documentation of the education shall be kept.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman / A. Admin*      Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate the time of the fire drill conducted on 12/14/16.

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.

See pages 3A and 3B of 9

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

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

The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of 3/6/17  
(Date)

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

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Page 3A of 9

FEB 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.132(c)

Violation: Time fire drill was conducted was not noted.

Plan of Correction:

The time was documented at time of discovery. A copy was made and given to Laurie Garrigan. Documentation will be monitored more closely before being placed into the fire drill record book. See attached correction

BLEU  
2/10/17

Brandy Grossman

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Page 3 of 9

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Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate the time of the fire drill conducted on 12/14/16.

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.

Immediately: A designated staff person shall review the home's fire drill records monthly to ensure all items specified in 2800.132c, to include the time of the fire drill, are present on the fire drill records.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman / A. Admin*      Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
According to a letter by the fire safety expert, dated 11/25/16, the home's maximum safe evacuation time is 6 minutes; however, the letter does not indicate if residents are to evacuate the entire building to a public thoroughfare or to a fire-safe area designated in writing by the fire safety expert.

Also, the following fire drills exceeded the safe evacuation time of 6 minutes:

Date	Time	Evacuation Time
12/7/16	6:30 p.m.	6 min. 7 sec.
12/14/16	unknown	6 min. 3 sec.

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 Pages 4A and 4B of 9

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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FEB 10 2017

Page 4A of 9

Regulation 2600.132(d)

Violation: Fire safety expert did not document if the home had a designated fire safe area. Evacuation exceeded the safe evacuation time of 6 minutes.

WEST REGION FIELD OFFICE  
Human Services Liaison

Plan of Correction:

The fire safety expert completed the form after discovery on 1/20/17. See attached form.

Administration will review the forms before the fire safety expert leaves the home in the future to ensure complete documentation.

Planned corrective action was documented on each of the days the evacuation times were not met that we would continue to perform the fire drills to ensure a time efficient evacuation. See attached form. Please note the fire drill performed on 01/02/17 did meet the evacuation time. See attached form.

\*Also note that the staff and residents have not performed a fire drill in this building for several months. The staff and residents are only now becoming familiar with the evacuation routes. We feel documenting the accurate evacuation time is more helpful to the safety operation of this home at all times, will provide us the information needed to devise possible evacuation routes that would be more time efficient if needed, and accurately show, all staff, areas that need improvement and possible residents with needs greater than predetermined for safe evacuation independently.

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2/10/17  
Brandy Grossman

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FEB 17 2017

Page 4 of 9

Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code 52800

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to a letter by the fire safety expert, dated 11/25/16, the home's maximum safe evacuation time is 8 minutes; however, the letter does not indicate if residents are to evacuate the entire building to a public thoroughfare or to a fire-safe area designated in writing by the fire safety expert.

Also, the following fire drills exceeded the safe evacuation time of 6 minutes:

Date	Time	Evacuation Time
12/7/16	6:30 p.m.	8 min. 7 sec.
12/14/16	unknown	8 min. 3 sec.

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.

On 2/2/17, the fire safety expert indicated in writing that the home does not have fire safe areas and must evacuate outside the building to a public thoroughfare.

Immediately: A designated staff person shall complete the following steps monthly to ensure all residents evacuate outside the building to a public thoroughfare within the time specified in writing by the fire safety expert:

- \* Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.
- \* Conduct additional fire drills as needed
- \* Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas
- \* Add additional staff to meet the current evacuation time specified in writing by the fire safety expert within the past year

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman / A. Admin* Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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Page 5 of 9

Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**

According to multiple staff and resident interviews, residents are not evacuating to a designated meeting place away from the building or within a fire safe area as designated by the fire safety expert. Staff and resident interviews indicate residents evacuate to the main lobby area inside the front door.

**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 Pages 5A and 5B of 9*

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      Date  
(Required on EVERY Page)

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

The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of 3/6/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented [Signature]

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Page 5A of 9

Regulation 2600.132(h)

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation: Staff and Residents state they are not evacuating the building to the designated area and only gather in the lobby area.

Plan of Correction:

Resident will be evacuating the building to the designated area across the drive onto the sidewalk at the end of the home.

Residents have evacuated the building on 2 of the drills that took place on 12/14/16 and 01/02/17.

Residents will continue to evacuate alternating exit routes as required by the regulation.

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Page 5 of 9

Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

According to multiple staff and resident interviews, residents are not evacuating to a designated meeting place away from the building or within a fire safe area as designated by the fire safety expert. Staff and resident interviews indicate residents evacuate to the main lobby area inside the front door.

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.

Immediately: All staff persons and residents shall be educated on the requirement that all residents must evacuate to a designated meeting place away from the building during each fire drill. Documentation of education will be kept.

Immediately: The administrator will monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to a designated meeting place away from the building during each fire drill. The administrator shall also interview at least 5 residents monthly for 6 months to ensure all residents are evacuating to a designated meeting place away from the building during each fire drill.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Gussman / A. Admin*      Date *2/17/17*

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

The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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FEB 10 2017

Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Refresh eye drops-Instill 1 drop in each eye twice a day"; however, the pharmacy label indicates, "Refresh eye drops-Instill 1-2 drops to affected eye 3-4 times daily".

Resident #1 is prescribed, "Senna S-5.6-50 mg tablet-Take 1 tablet by mouth every other day at bedtime"; however, the pharmacy label indicates, "Senna S-5.6-50 mg tablet-Take 1 tablet by mouth daily at bedtime".

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 Pages 6A and 6B of 9

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 6A of 9

Regulation 2600.184(a)

Violation: Resident #1 had medication prescribed with the wrong pharmacy label on the medication.

Plan of Correction:

Pharmacy label was placed on the medication on day of discovery. Incoming cassette was audited on 01/26/17.

One pharmacy was providing the home with paper MAR while another pharmacy was supplying the medication.

We have determined that using one pharmacy to regulate all MAR and pharmacy labels is more beneficial to the home. The chosen pharmacy is Precision Care Pharmacy contact number for verification is 724/532-2120.

Our chosen date to be fully transferred is 02/23/17.

ble  
2/10/17  
Brandy Grossman

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FEB 17 2017

Page 6 of 9

Violation Report: 42668 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Refresh eye drops-Instill 1 drop in each eye twice a day"; however, the pharmacy label indicates, "Refresh eye drops-Instill 1-2 drops to affected eye 3-4 times daily".

Resident #1 is prescribed, "Senna S-5.6-50 mg tablet-Take 1 tablet by mouth every other day at bedtime"; however, the pharmacy label indicates, "Senna S-8.6-50 mg tablet-Take 1 tablet by mouth daily at bedtime".

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.

Immediately: If resident #1 is still prescribed Pro Air HFA, the home shall immediately obtain the medication from the pharmacy.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medications, including resident #1, to ensure each medication is labeled with a pharmacy label which is accurate in accordance with the prescriber's orders. Documentation of the audits shall be kept.

Immediately: The administrator or designated staff person qualified to administer medications in accordance with 2600.182b shall develop and implement a system to ensure all pharmacy labels are immediately updated once a change is made in writing by the prescriber. All staff persons qualified to administer medications shall be educated on the new system. Documentation of the education shall be kept.

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)

Brandy Crossman / A. Admin

Date 2/17/17

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

The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

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FEB 10 2017

Page 7 of 9

Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Pro Air HFA-Take 4 puffs by mouth 4 times daily"; however, this medication was not available 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.

See Pages 7A and 7B of 9

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

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

The above plan of correction is approved as of 3/6/17  
(Date)

Plan of correction implementation status as of 3/6/17  
(Date)

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

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

Page 7A of 9  
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Regulation 2600.185(a)

Violation: Resident #1 did not have Pro Air HFA available in the home.

FEB 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Plan of Correction:

Residents pharmacy was contacted for delivery of the medication. Cart audits will be performed to ensure all medication prescribed to residents is available. See attached form.

We have chosen to transfer to a pharmacy that will also perform audits quarterly to double ensure we have the medication in the home.

The chosen pharmacy is Precision Care Pharmacy contact number for verification is 724/532-2120. Our chosen date to be fully transferred is 02/23/17.

BLM  
2/10/17  
Brandy Grossman

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FEB 17 2017

Page 7 of 9 <sup>B</sup>

Violation Report: 42658 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Pro Air HFA-Take 4 puffs by mouth 4 times daily"; however, this medication was not available 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.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2600.182b shall review all resident medications and prescriber's orders, including medications and prescriber's orders for resident #1, to ensure all medications prescribed are present in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>BLU</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brandy Grossman / A. Admin</i>			Date <i>2/17/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/6/17</u> (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by <u>R</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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FEB 10 2017

Page 8 of 9

Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, "Seroquel-50 mg tablet-Take 1 tablet by mouth at bedtime"; however, the resident's January 2017 medication administration record (MAR) indicates, "Seroquel-50 mg tablet-Take 2 tablets by mouth at bedtime".

Resident #1 is prescribed, "Sertraline HCL-100 mg tablet-Take 2-tablets by mouth daily"; however, the resident's January 2017 MAR indicates, "Sertraline HCL-100 mg tablet-Take 1 tablet by mouth daily".

Resident #2's January 2017 MAR does not include a diagnosis or purpose for the following medications:

- \* Dulera Inhaler-Take 2 puffs twice a day
- \* Floresemide 20 mg tablet-Take 2 tablets by mouth every morning and 1 tablet every evening

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 Pages 8A and 8B of 9

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

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

The above plan of correction is approved as of

3/6/17  
(Date)

Plan of correction implementation status as of

3/6/17  
(Date)

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

The above plan of correction was approved by

[Signature]  
(Initials)

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FEB 10 2017

Page 8A of 9

Regulation 2600.187(a)

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation: Resident #1 had medication prescribed with the wrong pharmacy label on the medication.  
Resident #2 did not have a diagnosis on 2 medications.

Plan of Correction:

Pharmacy label was placed on the medication on day of discovery. Incoming cassette was audited on 01/26/17.

One pharmacy was providing the home with paper MAR while another pharmacy was supplying the medication.

A diagnosis was added to the paper MAR on the day of discovery for Resident #2. See attached form. We have determined that using one pharmacy to regulate all MAR and pharmacy labels is more beneficial to the home. The chosen pharmacy is Precision Care Pharmacy contact number for verification is 724/532-2120.

Our chosen date to be fully transferred is 02/23/17.

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2/10/17  
Brandy Grossman

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Page 8 of 9

Violation Report: 42856 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2800.187(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, "Seroquel-50 mg tablet-Take 1 tablet by mouth at bedtime"; however, the resident's January 2017 medication administration record (MAR) indicates, "Seroquel-50 mg tablet-Take 2 tablets by mouth at bedtime".

Resident #1 is prescribed, "Sertraline HCL-100 mg tablet-Take 2 tablets by mouth daily"; however, the resident's January 2017 MAR indicates, "Sertraline HCL-100 mg tablet-Take 1 tablet by mouth daily".

Resident #2's January 2017 MAR does not include a diagnosis or purpose for the following medications:

- \* Dulera Inhaler-Take 2 puffs twice a day
- \* Furosemide 20 mg tablet-Take 2 tablets by mouth every morning and 1 tablet every evening

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 #1's medication administration record was updated to reflect the current prescriber's orders.

Resident #2's medication administration record was updated to include all diagnoses.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications in accordance with 2800.182b shall review all resident medication administration records (MAR) to ensure all items specified in 2600.187a are present and accurate in accordance with the prescriber's orders.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Blu</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Brandy Grossman / Admin</i>	Date	<i>2/17/17</i>
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The above plan of correction is approved as of 3/6/17  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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FEB 10 2017

Page 9 of 9

Violation Report: 42656 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/3/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

Staff person B has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #2 at 8:00 p.m. on 1/16/17:

- \* Triamcinolone 0.1% ointment-Apply topically 2 times a day
- \* Carvedilol 3.125 mg tablet-Take 1 tablet by mouth 2 times a day

Staff person C has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following 8:00 a.m. doses of Gabapentin-300 mg capsules to resident #2, which are prescribed to be taken by mouth 3 times a day: 1/1/17, 1/3/17, 1/4/17, 1/5/17, 1/8/17, 1/9/17, 1/10/17, 1/12/17, 1/18/17, 1/19/17, 1/20/17, 1/22/17, 1/23/17, 1/24/17 and 1/26/17.

Staff person D has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/25/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

Staff person E has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/24/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

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 Pages 9A and 9B of 9


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) Brandy Grossman      Date 2/10/17

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

The above plan of correction is approved as of 3/6/17 (Date)      Plan of correction implementation status as of 3/6/17 (Date)

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

The above plan of correction was approved by  (Initials)

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FEB 10 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 9A of 9

Regulation 2600.190(a)

Violation: Staff persons did not complete the medication administration course and passed medications.

Plan of Correction:

Staff persons A,B,C,D, and E had in the previous years completed the administration course. However, the previous train the trainer did not complete the annual reviews and observations.

On the day of discovery all staff persons present in the building and off on that day were required to retake the exam including, multiple choice and pharmacy label testing. See attached form.

We are currently devising a plan to try and get all med trained staff on the same observation and review schedule. See attached form.

Bly  
2/10/17  
Brandy Grossman

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FEB 17 2017

Page 8 of 9

Violation Report: 42658 - 01/20/2017 - Garrigan, Laurie  
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 59 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/3/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

Staff person B has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #2 at 8:00 p.m. on 1/16/17:

- \* Triamcinolone 0.1% ointment-Apply topically 2 times a day
- \* Carvedilol 3.125 mg tablet-Take 1 tablet by mouth 2 times a day

Staff person C has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following 6:00 a.m. doses of Gabapentin-300 mg capsules to resident #2, which are prescribed to be taken by mouth 3 times a day: 1/1/17, 1/3/17, 1/4/17, 1/5/17, 1/8/17, 1/8/17, 1/10/17, 1/12/17, 1/18/17, 1/18/17, 1/20/17, 1/22/17, 1/23/17, 1/24/17 and 1/28/17.

Staff person D has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/25/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

Staff person E has not completed the Department-approved medication administration course; however, he/she administered medications to residents, to include the following medications to resident #3 at 8:00 a.m. on 1/24/17:

- \* Myrbetriq ER 25 mg tablet-Take 1 tablet by mouth every day
- \* Memantine HCL 10 mg tablet-Take 1 tablet by mouth 2 times a day
- \* Pantoprazole SOD DR 20 mg tablet-Take 1 tablet by mouth every day
- \* Carbidopa-Levodopa 25-100 mg tablet-Take 2 tablets by mouth every morning

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 person A completed the Department-approved medications course on 1/28/17.

Staff persons B, D and E completed the Department-approved medications administration course on 1/27/17.

Staff person C will not administer medications to residents until they have successfully completed the Department-approved medications administration course. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all staff training records to ensure all staff persons who administer medications are qualified in accordance with 2600.182b, to include successful completion of the Department-approved medications course that includes the passing of the Department's performance based competency test for those staff members who do not meet the requirements of 2600.182b1 through 2600.182b3.

Immediately: A designated staff person shall develop and implement a system to ensure all staff persons administering medications in accordance with 2600.190a have successfully completed the Department-approved medications administration course at least annually. Documentation of the system shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brandy Grossman/A-Admin

2/17/17