



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Jacob Weinstein, Controller
Forbes Personal Care, LLC
105 River Avenue, Suite 202
Lakewood, New Jersey 08701

RE: Forbes Road Residence
6655 Frankstown Avenue
Pittsburgh, Pennsylvania 15206
License #: 443200

Dear Mr. Weinstein:

As a result of the Department of Human Services' annual licensing inspection on July 18, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: FORBES ROAD RESIDENCE		License Number: 44320
Address: 6655 FRANKSTOWN AVENUE, PITTSBURGH, PA 15206		County: Allegheny
Administrator: Shannon Watson		Region: WEST
Legal Entity Name: FORBES PERSONAL CARE LLC		
Legal Entity Address: 105 RIVER AVENUE SUITE 202, LAKEWOOD, NJ 08701		
Certificate(s) of Occupancy PCH 38 Residents 11/22/2002 City of Pittsburgh		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/18/2016: Rahuba, Matt; Daerr, Alicia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 23 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 22 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 44320 - 07/16/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training on the required training topics during the 2015 training year as follows:
* Care for residents with dementia and cognitive impairments
* Care for residents with mental illness or intellectual disabilities. The home currently has three residents with diagnosed mental illnesses.

Direct care staff person B did not receive instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the 2015 training year.

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

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

Direct Care Staff Person A has completed the required training.
All direct care staff have received the required annual training for 2015.
In order to ensure compliance, the administrator will review the education sign in log and compare with staff listing to ensure all staff have been trained. QA/QM committee will review during QA/QM meeting.
A staff person B has completed the required training
A copy of training sign in sheets are included.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Shannon K. Weston</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shannon Weston PCH</i>			Date <i>8/29/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8-30-16</u> (Date)		Plan of correction implementation status as of <u>8-30-16</u> (Date)	
The above plan of correction was approved by <u>S</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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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training on the required training topics during the 2015 training year as follows:

- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Falls and accident prevention.

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

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

Direct care staff person A has completed the annual trainings (1-6) as listed above for 2015. A copy of training record is attached.

All direct care staff have completed all of the required annual trainings as outlined in 2600.65 F:6

In order to ensure compliance, the administrator will review the education sign-in log and compare with staff listing to ensure all staff have been trained

QA/QM committee will review education for completeness and compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannon Watson

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

Shannon Watson PCHA

Date

8/24/16

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The above plan of correction is approved as of

8-30-16
(Date)

Plan of correction implementation status as of

8-30-16
(Date)

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

The above plan of correction was approved by

JS
(Initials)

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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were approximately 30 or more cigarette butts scattered on the lava rock border around the smoking area is located to the left of the main entrance.

There was approximately 45 or more cigarette butts scattered on the ground by the cigarette butt receptacle in the staff smoking area at the rear of the home.

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

The Housekeeping Staff for the facility have been educated
Re: the importance of removing cigarette butts from around the building on a routine basis during smoking hours.
Residents will be made acquainted with the importance of placing cigarette butts in the receptacle provided for cigarette butts.
Residents will be spoken with during the resident council meeting.
To ensure compliance the Housekeeping Supervisor/staff will check for loose cigarette butts on a routine basis throughout the day.
One time weekly for the next two (2) months a monitor will be maintained to ensure loose cigarette butts are being placed in the provided receptacle by the administrator. Staff will be educated on the importance of keeping a clean smoking and outside area.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Shannon Watson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Shannon Watson PCMA Date 8/24/16

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

The above plan of correction is approved as of 8-30-16 (Date)
The above plan of correction was approved by (Initials)
Plan of correction implementation status as of 8-30-16 (Date)
 Fully implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not implemented

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Violation Report: 44320 - 07/13/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There was a hole, measuring approximately 2" in diameter, in the carpet of the resident lounge on floor 4A exposing the padding.

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

The carpet in the resident lounge on floor 4A is scheduled for replacement on or before August 31, 2016

The housekeeping staff supervisor will monitor floors, walls, ceilings, windows, doors, and other surfaces daily to ensure the above mentioned items are in good repair and free of hazards.

In order to ensure compliance, Housekeeping supervisor/designee will maintain a log, describing the item in need of repair. This log will be presented to the administrator to arrange repair or replacement of any item not in good repair to ensure facility is free of hazards.

All staff will be educated on how to utilize checklist/Housekeeping log

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Shannon Watson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shannon Watson PCHA</i>			Date <i>8/29/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

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
There was no thermometer in the freezer section of the white refrigerator/freezer com in the second floor dining room.

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

The thermometer in the freezer/refrigerator in the 2nd floor dining room was in place during the survey.
To ensure compliance the administrator will monitor all PCM Freezers and refrigerators.
Administrator/designee will check for compliance and document on a daily basis to ensure that thermometers are in proper placement.
All staff involved in food prep and storage will be trained to monitor for thermometer.

Monitoring shall include ensuring refrigerators are 40 degrees Fahrenheit or less and freezers are 0 degrees Fahrenheit or less. 8-30-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannon Wilson

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

Shannon Wilson PCHA

Date 8/29/16

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress 9
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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Violation Report: 44320 - 07/16/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
There were dented food cans in the food storage area as follows:
* A 3lb, 7oz can of Katy's Kitchen Sliced Strawberry Topping
* Three #10 sized cans of Bountiful Harvest Choice Diced Mixed Fruit
* A #10 sized can of Furman's Mixed Pepper Strips with Onions

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

The dented food cans in the food storage area were thrown away during the survey.
To ensure compliance, the dietary supervisor will monitor canned foods for dents and discard them.
The dietary staff have been inserviced re: the importance of checking cans for dents prior to opening for meals.
QA/QM will review monitors for compliance and completeness

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Watson PCHA* Date *8/30/16*

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The above plan of correction is approved as of 8-30-16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 8-30-16 (Date)
 Fully Implemented
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 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 44320 - 6/7/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The steel fire door on the third floor that separates resident rooms from the emergency stairwell is locked with a magnetic lock and keypad system.

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.

The magnetic lock on the emergency stairwell was immediately disabled during the survey. The emergency stairwell is not locked and can be easily accessed.

A fire safety expert has examined and documented PCH for fire safety areas.

The inspection report has been sent to DHS. QA/QM committee will review on a regular basis access to fire safety areas.

Staff will be educated on daily monitoring of fire door access

Immediately: A designated staff person will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Within 30 days of receipt of the plan of correction: All staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed. This includes maintaining outside walkways clear of snow, ice or any other obstructions. Documentation of education will be kept. 6-3-16

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

Signature of Legal Entity Representative (Required on EVERY Page) Shannon K. Whitson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon K. Whitson PCHM Date 8/29/16

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

The above plan of correction is approved as of 8-30-16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 8-30-16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation plan posted in 2 West does not include the location of the fire extinguishers and pull stations for that floor.

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.

At the time of the survey, the emergency evacuation plan posted in 2 West was being reviewed by life safety of DOM.

The evacuation plan now shows the location of fire extinguishers

The administrator will maintain compliance by retaining a correct copy of the emergency evacuation plan should the plan need to be replaced, reviewed, and or updated.

Immediately: The administrator or designated staff person will check all emergency evacuation diagrams to ensure all required items specified in regulation 2600.123(a) are designated including fire extinguishers, pull stations and accurate exit routes are present on each diagram. 8-30-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannon Weiser

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

Shannon Weiser PCHN

Date 8/29/16

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

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

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

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

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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

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 record does not indicate the evacuation routes used for fire drills conducted as follows:

- * On 4/26/16 at 2:00 p.m.
- * On 1/25/16 at 11:23 a.m.
- * On 12/15/15 at 6:05 a.m.
- * On 10/23/15 at 2:15 p.m.
- * On 9/19/15 at 6:00 a.m.
- * On 8/19/15 at 3:55 p.m.

The home's fire drill record does not indicate the amount of time it took for evacuation for the fire drills conducted as follows:

- * On 5/31/16 at 11:00 p.m.
- * On 2/19/16 at 6:05 a.m.

The home's fire drill record does not include the amount of time it took for evacuation and exit routes used for the fire drill conducted on 11/18/15 at 4:05 p.m.

The home's fire drill record does not include the amount of time it took for evacuation, exit routes used, number of residents in the home, number of residents evacuated or the number of staff participating in the drill for the fire drill conducted on 7/27/15 at 11:30 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.

Please find attached a copy of the Fire drill form that will be utilized by the PCH administrator.

The form will include all the required information for the fire drill record.

The PCH adm. will be responsible for ensuring all pertinent information is complete and documented correctly.

Admin / Designee will monitor fire drill record to ensure that monthly fire drill is conducted and documented correctly.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Watson PCMA* Date *8/29/16*

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

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

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

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

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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

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

The home's fire drill record indicates fire drills were conducted; however no residents were evacuated as follows;

- * On 6/28/16 at 3:45 p.m.
- * On 6/31/16 at 11:00 p.m.
- * On 3/29/16 at 3:45 p.m.
- * On 2/19/16 at 6:05 a.m.

The home's fire drill record indicates a fire drill was conducted on 11/18/15 at 4:05 p.m. with 19 residents present in the home. However, only 9 residents were evacuated.

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

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

A fire safety expert has come to the facility to designate fire safe areas and specified safe evacuation time. Residents will be evacuated to fire safe area within 8 minutes as determined by fire safety expert to the documented fire safe areas.

The fire safety expert's documentation has been faxed to DHS.

Staff and residents will be educated to proper fire safe exit areas and strategies.

Admin / Designee will monitor all fire drills to ensure all requirements are met

Immediately: The administrator or designee monitoring fire drill shall ensure all residents are evacuated to a public thoroughfare or a fire safe area designated in writing by a fire safety expert within the last year. 8-29-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sharon White Penn

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

Sharon White Penn

Date

8/29/16

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The above plan of correction is approved as of

8-30-16
(Date)

Plan of correction implementation status as of

8-30-16
(Date)

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

The above plan of correction was approved by

S
(Initials)

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AUG 30 2016

Violation Report: 44327 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 10/9/16, did not include a general physical examination, health status or cognitive functioning. These sections were blank.

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

Resident #1 now has a completed medical evaluation. Medical evaluations for all the records have been reviewed for completeness.

To ensure compliance, medical evaluations will be reviewed by the consultant licensed nurse for completeness and compliance.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form. Documentation of education shall be kept in the staff person's record. 8-3-16 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon K. Watson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon K. Watson PCHA* Date *8/29/16*

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

The above plan of correction is approved as of <u>8-10-16</u> (Date)	Plan of correction implementation status as of <u>8-29-16</u> (Date)
The above plan of correction was approved by <u>S</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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Violation Report: 44320 - 07/18/2016 - Rahuba, Matt
PCH Name: FORBES ROAD RESIDENCE

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 Folbee tablet, take 1 tablet by mouth twice daily. However, the resident's July 2016, medication administration record (MAR) does not indicated the administration of the medication on 7/2/16 at 9:00 a.m.

Resident #3 is prescribed Escitalopram 20 mg tablet, take 1 tablet by mouth daily. However, the resident's July 2016, MAR does not indicate the administration of the medication on 7/2/16 at 9:00 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.

Residents #1 and #3 receive their medications as ordered.
All staff responsible for dispensing medications have been inserviced.
Re: Complete documentation of Resident Records.

Consultant nurse's will review residents medication records on a monthly basis to ensure compliance and completeness.

Staff will review medication administration records at the change of each shift and the administrator/designee will monitor daily

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Watson PCHA* Date *8/29/16*

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

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

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

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

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