



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

Mr. William Todd Hoover,
President
Wilbri, Inc.
206 Lane Avenue
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home
License #: 424090

Dear Mr. Hoover:

As a result of the Department of Human Services' annual licensing inspections on August 2, 2016 and August 3, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: LANE AVENUE PERSONAL CARE HOME		License Number: 42409
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		County: Jefferson
Administrator: JAMES CIOCARELLO		Region: WEST
Legal Entity Name: WILBRI INC		
Legal Entity Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		RECEIVED
Certificate(s) of Occupancy C-2 LP 05/19/1993 Labor and Industry		MAR 27 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
08/02/2016: Bartlett, Patricia; Flinner-Alman, Lisa		
08/03/2016: Bartlett, Patricia; Flinner-Alman, Lisa		
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: 42 Number of Residents Served: 26 Secured Demontia 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: 26 Are 60 Years of Age or Older: 10 Have Mental Illness: 19 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
 PCH Name: LANE AVENUE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Codo §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home's licensing inspection summary dated 11/2/14 was not posted in the home. The most current licensing inspection summary posted in the home is dated 10/23/13.

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 most recent LICENSING INSPECTION ON MAY 21, 2015 is CURRENTLY POSTED IN THE HOME.

THE ADMINISTRATOR AND OWNER WILL ASSURE THAT IN THE FUTURE THE MOST RECENT INSPECTION IS POSTED.

Immediately: The administrator or designee shall check the home at least monthly to ensure the current licensing inspection summary is posted in a public and conspicuous place. 3-29-17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JAMES T. CICCARIELLO, ADMINISTRATOR* Date *3-23-2017*

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

The above plan of correction is approved as of <u>3-29-17</u> (Date)	Plan of correction implementation status as of <u>3-29-17</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

MAR 27 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 8/2/16, the inside of the microwave oven located in the kitchen was dirty with dried on and splattered food on the glass plate and on all sides and top of the inside of the oven.
On 8/2/16, there was a splattered red liquid on the shelf of the black refrigerator in the kitchen.

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 MICROWAVE HAS BEEN CLEANED AND THE INSIDE OF THE OVEN HAS ALSO BEEN CLEANED. THE SPATTERED RED LIQUID ON THE SHELF OF THE BLACK REFRIGERATOR IN THE KITCHEN HAS BEEN CLEANED.
THIS WAS DONE SHORTLY AFTER THE INSPECTION WAS COMPLETED. THE COOK WILL ASSURE THE KITCHEN WILL BE CLEAN AND SANITARY IN THE FUTURE.
Immediately: The administrator or designee shall check the home at least weekly to ensure sanitary conditions are maintained, to include all areas and appliances in the kitchen. *3-29-17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James T. Coccarillo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES T. COCCARILLO, ADMINISTRATOR* Date *3-23-2017*

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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 8/2/16, there was an undated, plastic bag of approximately 10 chicken patties in the kitchen stand-up freezer.

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 approximately 10 chicken patties in the kitchen stand up freezer were dated shortly after the survey was completed

The kitchen person will be assigned to check all food in the freezer to be sure it is dated.

Immediately: The administrator or designee shall check the home at least weekly to ensure all food is labeled and dated. 3-29-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciccarello

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

JAMES T. CICCARILLO, ADMINISTRATOR

Date 3-23-2017

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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

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 8/2/16, there was no thermometer in the white upright refrigerator in the kitchen.

On 8/2/16, there was no thermometer in the refrigerator section of the black refrigerator/freezer in the kitchen.

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.

Both the white upright refrigerator in the kitchen AND the black refrigerator/freezer in the kitchen now have thermometers in them. These were placed in after the inspection.

The kitchen worker will be assigned to be sure all refrigerators have thermometers in the future.

Immediately: The administrator or designee shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 3-29-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Coccarello

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

JAMES T. COCCARELLO, ADMINISTRATOR

Date 3-23-2017

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Violation Report: 42409 - 08/02/2016 - Barlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

MAR 27 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 8/2/16, there were multiple unsealed foods in the kitchen including:

- * An open 2lb, 6oz. bag of marshmallow Malleys breakfast cereal and a 2lb, 3oz. bag of rice crispies cereal in the corner cabinet in the kitchen.
- * A 1lb bag of Clancy's pretzels, an 8.75 oz. bag of Wise BBQ chips, and an 8.5 oz. bag of Wise cheese puffs on the counter below the cabinets, to the right of the stove.
- * A torn open, unsealed single serve, snack pack of chocolate pudding was on the top shelf of the black refrigerator.
- * Five hamburgers in a large plastic bag and 3 pieces of garlic bread in a plastic bag of the stand-up freezer.
- * An unsealed, full bag of English muffins in the white upright refrigerator in the kitchen.

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.

effective immediately all food items will be stored in closed or sealed containers. The kitchen person will be assigned to be sure that all food is stored in a closed or sealed container. Periodically the owner and/or the administrator will make unannounced checks in the kitchen to be sure all food items are stored in closed or sealed containers.

Immediately: The administrator or designee shall check the home at least monthly to ensure all food items are stored in closed or sealed containers. 3-29-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>James T. Coccarello</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMES T. COCCARELLO, ADMINISTRATOR	3-27-2017

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(Initials)

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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

MAR 27 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan does not include the contact telephone numbers for local and state emergency management agencies and local resources for housing and emergency care of residents.

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.

EFFECTIVE IMMEDIATELY THE HOME EMERGENCY PREPAREDNESS PLAN DOES INCLUDE THE TELEPHONE NUMBERS OF LOCAL AND STATE EMERGENCY MANAGEMENT AGENCY AND LOCAL RESOURCES TO BE USED.

ATTACHED IS A COPY OF OUR REVISED EMERGENCY PREPAREDNESS PLAN INCLUDING CONTACTS AND RESOURCES.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Coccarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAMES T. COCCARELLO ADMIN</i>	Date: <i>3-23-2017</i>
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

MAR 27 2017

Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

NORTH REGION HEALTH 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

The first two pages of the emergency preparedness plan are posted in a conspicuous location; however, the entire emergency preparedness plan is located behind the nurses' station and is not posted in a conspicuous and public place. The municipality emergency preparedness plan is 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.

THE ENTIRE EMERGENCY PREPAREDNESS PLAN IS NOW POSTED ON THE MAIN BULLETIN BOARD. THE ADMIN AND OWNER WILL PERIODICALLY CHECK THE BULLETIN BOARD TO MAKE SURE IT IS STILL POSTED.

Immediately: The administrator or designee shall check the home at least monthly to ensure the home's entire emergency procedures and the municipal emergency preparedness plan are posted in a conspicuous or public place.

3-29-17,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciocarella

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

JAMES T. CIOCARRELLA, ADMIN.

Date 3-23-2017

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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher next to the emergency exit door and to the right of bedroom #3 does not have any inspection tag.

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

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

All fire extinguishers currently have an up-to-date fire inspection tag. The administrator and owner will periodically inspect all fire extinguishers to check for inspection tags

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James T. Ciocarella*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES T. CIOCARRELLA ADMIN* Date *3-23-2017*

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(Initials)

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

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MAR 27 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The 21-day menu, posted in the dining room, on the bulletin board was not dated and did not match the current menu that was hand written on the dry erase board in the 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 21 DAY MENU IN THE DINING ROOM IS DATED AND IS THE CORRECT MEAL RESIDENTS ARE SERVED EACH DAY.

THE OWNER AND ADMINISTRATOR WILL CHECK IT PERIODICALLY TO BE SURE IT IS ACCURATE.

Immediately: The administrator or designee shall check the home at least monthly to ensure the current week's menu and the week in advance menu is posted in a conspicuous and public place. 3-29-17

Repeat Violation: No Date(s) of Previous Violation(s): 11/20/2014

Signature of Legal Entity Representative (Required on EVERY Page) *James T. Cucarella*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES T. CUCARELLA, ADMIN.* Date *3-23-2017*

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

Plan of correction implementation status as of 3-29-17 (Date)

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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
 PCH Name: LANE AVENUE PERSONAL CARE HOME

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

Resident #2's ordered Ciclopirox Olomine USP cream 77% is stored in the medication cart expired on 6/2016.

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

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

RESIDENT #2'S ORDERED CICLOPIROX OLIMINE USP CREAM 77% HAS BEEN DISCARDED. THE CHARGE NURSE HAS BEEN INSTRUCTED TO CHECK ALL MEDS ON A REGULAR BASIS TO BE SURE ALL MEDS ARE CURRENT.

Immediately: The administrator or a designee qualified to administer medications will complete an initial and monthly audit of the medication carts, first aid kits and any other medication storage areas to ensure there are no expired or discontinued medications. Any expired or discontinued medications will be immediately discarded in accordance with the Department of Environmental Protection and Federal and State regulations. This includes prescription medications, OTC medications and CAM. 3-29-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James T. Ciocarella*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. CIOCARRELLA, ADMIN.	Date 3-23-2017
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Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
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MAR 27 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humulin R (Concentrated U-500) three times a day with meals, 75 units subcutaneously. However, the medication was not administered as follows:

- * 1/23/15 at 7:00 a.m.
- * 1/25/15 at 7:00 a.m.
- * 1/26/15 at 11:00 a.m.
- * 1/27/15 at 7:00 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.

The charge nurse will be responsible for making sure all medications are given according to the directions of the prescriber. The owner and admin. will check the med by occasionally to be sure meds are given according to prescriber directions

Immediately: The administrator or the home's LPN will observe at least one medication pass a month, for three months, for each staff person qualified to administer medication. Documentation of the results shall be kept.

3-29-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>James F. Cucarello</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>JAMES F. CUCARELLO, ADMIN.</i>	<i>3-23-2017</i>

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(Date)

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- Not Implemented

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

Violation Report: 42409 - 08/02/2016 - Bartlett, Patricia
PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 15. However resident #1 was not educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error. The signature area was 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.

UNFORTUNATELY THIS RESIDENT'S SIGNATURE WAS MISSED IN THE ADMISSION PROCESS. THE ADMINISTRATOR AND OWNER WILL CHECK ALL ADMISSION PAPERS MORE CAREFULLY IN THE FUTURE.

The administrator checked all resident records to ensure all current residents have been educated on their right to question or refuse a medication if the resident believes there may be a medication error and the documentation is in the resident's record. 3-29-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *James T. Cochran*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. COCHRAN, ADMIN. Date 3-23-2017

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