



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Mr. Daniel Guill, Authorized Representative
Bentley AID OPCO, LLC
2400 Garden Way
Hermitage, Pennsylvania 16148

RE: Garden Way Place
License #: 444920

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on August 30, 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: GARDEN WAY PLACE		License Number: 44492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Carol Perrin		Region: WEST
Legal Entity Name: BENTLEY AID OPCO LLC		
Legal Entity Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/24/1997 Labor and Industry		DEC 05 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
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 08/30/2016: Garrigan, Laurie; Daerr, Alicia; Mulick, Cindy		
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: 47 Number of Residents Served: 41 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: 4 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 1

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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights.

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 14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lavash - Perrin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Lavash - Perrin* Date *12-2-16*

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

The above plan of correction is approved as of 12/9/16
(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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

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

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**WEST REGION FIELD OFFICE
Human Services Licensing**

Violation #1 2600.41(e)

Immediate –

- Executive Director discussed resident rights with resident #1 and had [redacted] sign that [redacted] received them.
- On 8-31-16 Executive Director and concierge reviewed current resident charts to ensure Resident Rights have been signed.

Ongoing –

- Resident contracts will be reviewed and checked by Executive Director and / or designee for completeness prior to placing in file.

12-2-16

Carol Louash-Perrin



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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 1999, received only 11 hours of annual training during the 2015 training year.
Direct care staff person B, hired on [redacted] 2013, received only 10.5 hours of annual training 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.

See Page 3A of 14

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 12-2-16

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(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 7
- Partially Implemented - Inadequate Progress
- Not Implemented

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Page 3A of 14

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation #2 2600.65 (e)

Immediate –

- On 9-1-16 direct care staff person A received one hour of training on Medication Self Administration to complete her 12 hours of annual training. See Attachment.
- On 9-1-16 direct care staff person B received one hour of training on Medication Self Administration and 45 minutes of Kitchen safety to complete her 12 hours of annual training. See attachment.
- On 9-1-16 Executive Director and Care Service Manager reviewed all employee files to ensure the annual training is completed.

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff receive at least 12 hours of annual training during each Ongoing- established training year. 12/9/16

- Executive Director and/or Care Service Manager will review training sign in sheet to ensure all staff have attended and received their annual training.
- Garden Way will offer a second monthly meeting as needed to ensure staff training meets DPW requirements.

12-2-16

Carol Lavash-Perrin

Carol Lavash-Perrin

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Page 4 of 14

Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie PCH Name: GARDEN WAY PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:</p> <ul style="list-style-type: none"> (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. 			
<p>2a. DESCRIPTION OF VIOLATION Direct care staff person A, hired on [redacted] 1999, and direct care staff person B, hired [redacted] 2013, did not receive training in medication self-administration during the 2015 training year.</p>			
<p>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.</p>			
<i>See Page 4A of 14</i>			
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
Carol Louwanski-Terrin			12-2-16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/9/16</u> (Date)		Plan of correction implementation status as of <u>12/9/16</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>+</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

See Page 4A of 14

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation #3 2600.65 (f)

Immediate –

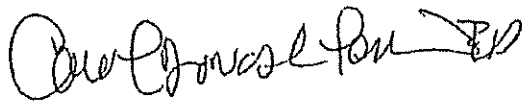
- On 9-1-16 Care Service Manager in- serviced both staff members A and B on medication self-administration. See attachment.

Ongoing –

- Executive Director or Care Service Manager will review training sign in sheet to ensure all staff have attended and received their annual training.
- Garden Way will offer a second monthly meeting as needed to ensure all staff is trained.

12-2-16

Carol Lovash-Perrin



Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie PCH Name: GARDEN WAY PLACE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include the length of the following training courses:
 * Staff person A's 2015 training on safe management techniques
 * Staff person B's 2015 training on:
 - Safe management techniques
 - Proper use of kitchen cleaner and griddle cleaner, kitchen safety.

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 14

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

Carol Lovash-Parrin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Carol Lovash-Parrin</i>	<i>12-2-16</i>

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The above plan of correction is approved as of <u>12/9/16</u> (Date)	Plan of correction implementation status as of <u>12/9/16</u> (Date)
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Page SA of R 14

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation #4 2600.65 (i)

Immediate –

- Upon discovery on 8-30-16 training documentation was updated to reflect actual training time. See attached

Ongoing-

- Executive Director, Care Service Manager, or concierge will check and ensure that the length of the in-service is on the sign in sheet after each training.

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Carol Louash-Perrin

Carol Louash-Perrin

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Page 6 of 14

Violation Report: 44492 - 09/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Numerous black spots which appeared to be mold, each measuring approximately 3" by 2", were on the trim above the exit door nearest to the employee breakroom.

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 P14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Loshak - Perm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Loshak - Perm* Date *12-2-16*

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

The above plan of correction is approved as of 12/9/16
(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation #5 2600.85

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WEST REGION FIELD OFFICE
Human Services Licensing

Immediate -

- On 8-31-2016 affected area was cleansed with bleach water to remove black spots above the exit door. See attached
- Area was also checked by maintenance tech for any current or old leaks, which none were found.

Ongoing-

- Maintenance and/or Executive Director will do weekly rounds to monitor for any leaks or discoloration.

12-2-16
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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

At 3:20 p.m., the home's first aid kit did not include scissors or a thermometer.

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 7A of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lovack-Perrin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Lovack-Perrin* Date *12-2-16*

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

The above plan of correction is approved as of 12/9/16
(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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

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

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Page 7A of 14

Violation #6 2600.96 (a)

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WEST REGION FIELD OFFICE
Human Services Licensing

Immediately –

- Upon discovery on 8-30-16, Care Service Manager added scissors and a thermometer to the first aid kit.
- The Care Service Manager also checked other First aid kits in the building to make sure they are complete.

Ongoing –

- First Aid kits were sealed/taped and dated.
- Care Service Manager and /or the Executive Director will check the kits regularly to ensure seal is intact, *at least monthly.*

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Carol Wash - Perrin*

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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

The following items were observed on the kitchen floor and being used to prop open the door to the kitchen pantry:
* 1-7 lb., 5 oz. can of jellied cranberry sauce
* 1 can (140-180 count) of pitted prunes

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

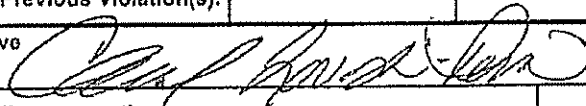
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 8A of 14

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)

Carol Lavash-Paron

Date

12-9-16

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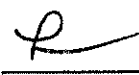
The above plan of correction is approved as of


12/9/16
(Date)

Plan of correction implementation status as of

12/9/16
(Date)

The above plan of correction was approved by


(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation #7 2600.103 (d)

Immediately –

- At the time of discovery on 8-30-16 the can of jellied cranberry sauce and pitted prunes were discarded into the trash. The cook was counseled on proper food storage.
- On 9-1-16 all kitchen staff was in-serviced on proper food storage. See attached

Ongoing –

- Kitchen staff and or Executive Director will do daily rounds to monitor the kitchen and food storage area to ensure food is stored properly according to regulations.

12-2-16

Carol Lovash-Perrin

Carol Lovash-Perrin REP

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44482 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

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

2a. DESCRIPTION OF VIOLATION
There was an opened and unsealed bag of sausage patties in the kitchen refrigerator.
There were 3 uncovered containers of cereal in the large kitchen island 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 10A of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lovash-Perrin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Lovash-Perrin* Date *12-2-16*

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

The above plan of correction is approved as of 12/9/16
(Date)

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

Plan of correction implementation status as of 12/9/16
(Date)

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

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DEC 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation #9 2600.103 (g)

Immediately –

- At time of discovery on 8-31-16, kitchen staff disposed of the unsealed bag of sausage patties and the 3 containers of cereal.
- On 8-31-16 new air tight containers were purchased for holding opened cereal.

Ongoing –

- Kitchen staff will check all refrigerators, freezers, and food storage areas daily to ensure that food is stored per regulations.

12-2-2016

Carol Lovash - Parrin ED

Carol Lovash - Parrin ED

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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

DEC 05 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
The rabies vaccination for resident #1's cat, "Ginger" expired on 8/8/15.

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 Page 11A of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Lorash Perrin

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

Carol Lorash Perrin

Date 12-2-16

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The above plan of correction is approved as of 12/9/16
(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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

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

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Page 11A of 14

Violation # 10 2600.109(b)

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WEST REGION FIELD OFFICE
Human Services Licensing

Immediately –

- Residents' #1's cat was removed from the facility at time of discovery on 8-30-16.
- Resident's daughter kept the cat at her home until the vaccine was given on 9-9-16. See attached

Ongoing-

- Currently no other pets reside in the community.
- Should any new pets move in the Executive director and or the concierge will maintain a log of vaccine due dates.

Immediately: A designated staff person will develop and implement a tracking system to ensure all cats and dogs which reside in the home receive rabies vaccinations timely.

12-2-16

Carol Lovash-Perrin

Carol Lovash-Perrin ED

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DEC 05 2016

Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's furnace has not been inspected since 4/1/15.

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 Page 12A of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Louash-Perrin

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

Carol Louash-Perrin

Date 12-2-16

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(Date)

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(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation # 11 2600.126 (a)

Immediately-

- At time of discovery on 8-30-16 the maintenance tech called central to schedule a cleaning and inspection of the furnace.
- Garden Way furnace was cleaned and inspected on 9-29-16. see attached.

Ongoing -

- Maintenance Tech will schedule bi-annual cleanings and inspections prior to yearly date. Documentation shall be kept.

[Signature]
12/9/16

12.2.16

Carol Lovash-Perrin

[Signature] ED

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Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

A plastic chair with polyester fabric, which did not contain a California tag indicating the fabric meets all flammability requirements of California Bureau of Home Furnishings Bulletin, was present in the home's designated smoking area.

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 13A of 14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol Lovash-Parrin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CAROL LOVASH-PARRIN* Date *12-2-16*

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

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The above plan of correction was approved by <u><i>L</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>L</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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DEC 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation # 12 2600.144 (c) (1)

Immediately –

- At time of discovery on 8-31-16, the chair was removed from the area and a metal chair was put in its place.

Ongoing –

- Daily rounds will be made by ED, maintenance tech, or designee to ensure the designated smoking area is free from flammable items.

12-2-16

Carol Lovash-Perrin

Carol Lovash-Perrin

Violation Report: 44492 - 08/30/2016 - Garrigan, Laurie
PCH Name: GARDEN WAY PLACE

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, "Potassium Chloride 20 meq liquid-Take 15 ml orally twice daily." However, the pharmacy label indicates, "Potassium Chloride 20 meq liquid-Take 15 ml orally once daily."

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 14A of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Louash-Perrin

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

Carol Louash-Perrin

Date *12-2-16*

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

The above plan of correction is approved as of 12/9/16
(Date)

Plan of correction implementation status as of 12/9/16
(Date)

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

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

RECEIVED Page 14 of 14

Violation # 13 2600.184 (a)

DEC 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately –

- At time of discovery on 8-30-16, the Care Service Manager confirmed the correct order with resident #1's physician.
- On 8-30-16 the Care Service Manager placed a direction change sticker on the prescription bottle.
- CSM and Med tech completed a cart audit on 10-31-16 to ensure all pharmacy labels match the current prescription.

Ongoing –

- The CSM and Med tech will perform weekly cart audits to ensure prescription accuracy.

Within 15 days of receipt of plan of correction: All staff persons qualified to administer medications shall be re-educated on proper procedures for maintaining accurate pharmacy labels.

12-2-16

Carol Lovash - Perrin

Carol Lovash - Perrin

[Signature]
12/9/16