



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 16, 2017

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License # 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Human Services' licensing inspection on October 18, 2016 and October 28, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

FCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44883
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Butler
Administrator: KATHY DOUGHERTY		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy C-2 LP 07/24/1985 L & I		RECEIVED JUN 02 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Working Staff: 18
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 10/18/2016: Georgoullis, Karen; Eveges, Joseph 10/28/2016: Georgoullis, Karen; Eveges, Joseph		
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: 25 Number of Residents Served: 24 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: 23 Are 60 Years of Age or Older: 12 Have Mental Illness: 24 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44883 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 8 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/29/16, direct care staff person A witnessed resident #1 push resident #2 backwards off of a chair causing resident #2 to hit his/her head on a shelving unit. This incident was not reported to the Area Agency on Aging.

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.

This violation is incorrect, attached is the report sent to the Bureau of Human Services with a copy of the fax machine activity report proving that the Bureau of Human Services was notified. In addition on 09-30-16 the Agency on Aging was called and asked the age of resident #2 whom was pushed plus [redacted] condition. We informed them that resident #2 was currently [redacted] yrs of age and seemed fine with no effects from the push. Area Agency on Aging said if nothing appears to be wrong with resident #2 not sending anyone out. Washington Manor PCH will continue to report all incidents to the appropriate agencies to adhere to this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of <u>6-1-17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[initials]</u>	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 08 2017

Violation Report: 44883 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 6/20/17, direct care staff person A witnessed resident #1 push resident #2 backwards off of a chair causing resident #2 to hit his/her head on a shaving unit. This incident was not reported to the Area Agency on Aging.

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 report the incident in accordance with the Older Adult Protective Services Act. 5-31-17
Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. 5-31-17
Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. 5-31-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *06-01-17*

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Violation Report: 44883 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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 10/18/16, there were multiple unlocked, unattended and accessible documents with resident's medical information, diagnosis's and other private information at the lower level staff desk, to include:

- * A binder labeled "Resident Emergency medical book" "Confidential Information" that contained all of the current resident's medical information, social security numbers, and medical diagnosis with prescribed medications.
- * Six Medl Home Health burgundy pocket folders, with medical/treatment information for resident's #3, #4, #5, #6.
- * A document titled "Statement of Account" for resident #6, listing the resident's prescribed medications, to include: Methylprednisolone, Levalbuterol, Azithromycin, Tramadol, Prednisone, and Lorazepam.
- * Staff communication logs dated, 3/1/16 to 7/4/16 and 7/4/16 to 9/17/16 with resident information.
- * A document dated 8/8/16 from a physician, DPM, with resident medical information for resident's #1, #3, #6, #8, and #9.

On 10/18/16, there was statement of account from a pharmacy for resident #7 unlocked, unattended and accessible on table across from the staff desk on lower level of the home. The document listed resident medications, to include lorazepam 1mg, prednisone 20mg, tramadol 50mg, azithromycin 250mg, levalbuterol and methylprednisolone.

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.

Administrator has reviewed the policy for proper storage and confidentiality in monthly meetings with staff. Administrator will continue to stress the importance of placing these materials in the office not the staff desk in the Kitchen area. Administrator is checking each entry to the care home that staff is

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/20/2016

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 03-31-17

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The above plan of correction is approved as of 6-1-17 (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

JUN 02 2017

Violation Report: 44883 - 10/18/2016 - Georgoules, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 10/18/16, there were multiple unlocked, unattended and accessible documents with resident's medical information, diagnosis's and other private information at the lower level staff desk, to include:

- * A binder labeled "Resident Emergency medical book" "Confidential Information" that contained all of the current resident's medical information, social security numbers, and medical diagnosis with prescribed medications.
- * Six Medi Home Health burgundy pocket folders, with medical/treatment information for resident's #3, #4, #5, #6.
- * A document titled "Statement of Account" for resident #5, listing the resident's prescribed medications, to include: Methylprednisolone, Levalbuterol, Azithromycin, Tramadol, Prednisone, and Lorazepam.
- * Staff communication logs dated, 3/1/16 to 7/4/16 and 7/4/16 to 8/17/16 with resident information.
- * A document dated 8/8/16 from a physician, DPM, with resident medical information for resident's #1, #3, #6, #8, and #9.

On 10/18/16, there was statement of account from a pharmacy for resident #7 unlocked, unattended and accessible on table across from the staff desk on lower level of the home. The document listed resident medications, to include lorazepam 1mg, prednisone 20mg, tramadol 50mg, azithromycin 250mg, levalbuterol and methylprednisolone.

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 check the home on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. *5-31-17*

Immediately: The administrator shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. *5-31-17*

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/20/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty* Date *06-01-17*

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Plan of correction implementation status as of _____ (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44863 - 10/18/2016 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
The home provides financial assistance for resident #6. The home's financial transactions record for resident #6, dated 7/5/16, does not include a balance for transactions as follows:
* 8/18/16 - deposit of \$200.00
* 10/3/16 - disbursement of \$28.00
* 10/14/16 - disbursement of \$25.00
* 10/17/16 - disbursement of \$25.80

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 care home does not provide financial assistance for resident #6, this is handled by resident #6's sister. The sister will send money to reimburse the care home for purchasing selective grocery items for resident #6. If resident #6 would like money in hand we also provide it out of this fund. The transactions were noted but a balance was not updated in the named column. The administrator will ensure this column is completed with each transaction.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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The above plan of correction was approved by <u>y</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

See page 51172

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WEST REGIONAL OFFICE
Human Services Licensing

Violation Report: 44863 - 10/18/2016 - Georgoulls, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 28 Pa.Code §2600
2800.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
The home provides financial assistance for resident #8. The home's financial transactions record for resident #8, dated 7/5/16, does not include a balance for transactions as follows:
* 8/18/16 - deposit of \$200.00
* 10/3/16 - disbursement of \$28.00
* 10/14/16 - disbursement of \$28.00
* 10/17/16 - disbursement of \$25.80

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 administrator or designee shall complete a record of financial transactions for resident #8 that will include all components of regulations 2800.20(b)(1), 2800.20(b)(3), and 2800.20(b)(8). 5-31-17

Within 30 days of receipt of the plan of correction: The administrator or designee shall reconcile all resident accounts, for whom the home is providing financial management from January, 2017 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2800.20(b)(1) through 20(b)(10). Any funds owed to residents will be immediately refunded. 5-31-17

Within 30 days of receipt of the plan of correction: The administrator or designee shall develop and implement a system to ensure there is a record of financial transactions for each resident who has funds managed by the home including dates, amount of deposits, amounts of withdraws, cash disbursements, current balances and quarterly account statements. 5-31-17

Within 30 days of receipt of the plan of correction: All staff persons managing or handling resident funds shall be educated on the home's financial management policy and procedures and the requirements of regulations 2800.20(b)(1) through 2800.20(b)(10). Documentation of education shall be kept. 5-31-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Dougherty Date 06-01-17

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

Plan of correction implementation status as of (Date)

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

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

MAY 04 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44863 - 10/18/2016 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
The home provides financial assistance for resident #6. The home does not have a written receipt from the resident for the cash disbursement of \$25.80 on 10/17/16.

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.

The care home administrator will solely handle all transactions for resident #6 as a plan of corrections.

Immediately: The administrator or designee shall complete a record of financial transactions for resident #6 that will include obtaining the resident's signature for the funds disbursed as indicated in this violation. 5-31-17

Within 30 days of receipt of the plan of correction: The administrator or designee shall reconcile all resident accounts, for whom the home is providing financial management from January, 2017 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1) through 2600.20(b)(10). Any funds owed to residents will be immediately refunded. 5-31-17

Within 30 days of receipt of the plan of correction: The administrator or designee shall develop and implement a system to ensure there is a record of financial transactions for each resident who has funds managed by the home including written receipts for funds disbursed. 5-31-17

Within 30 days of receipt of the plan of correction: All staff persons managing or handling resident funds shall be educated on the home's financial management policy and procedures and the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10). Documentation of education shall be kept. 5-31-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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The above plan of correction is approved as of 6-1-17 (Date)

The above plan of correction was approved by [initials]

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44863 - 10/18/2016 - Georgoullis, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800
 2800.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION
 The home provides financial assistance for resident #6. However, the home's documentation of financial records for resident #6, dated 7/5/16, indicates there should be a balance remaining of \$283.20 in the resident's funds. The resident petty cash envelope only contained \$178.38, a discrepancy of \$84.82.

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 care home administrator will solely handle all transactions for resident #6 as a plan of corrections. The difference of \$84.82 above was a result of receipts from grocery purchases not being deducted.

Immediately: The administrator or designee shall provide copies of receipts totaling an amount of \$84.82 to the BHSL Western regional Office. If the home is unable to provide receipts for all or a portion of the \$84.82, the amount unaccounted for will be paid to the resident by the home. Documentation shall be kept. 5/31/17

Immediately: The administrator or designee shall develop and implement a system to ensure resident's money and property are safeguarded. 5/31/17

Immediately: All staff persons shall be educated on the home's system of safeguarding resident's money and property. Documentation of education shall be kept. 5/31/17

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
John D. Dougherty		03-31-17

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MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the common bathroom by the med room on the 1st floor.

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the 2nd floor common bathroom by bedroom #11.

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the 2nd floor common bathroom between bedrooms #8 & #9.

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.

Paper towels are regularly purchased by the care home and installed daily by staff. Two residents kept removing the paper towel rolls from the bathrooms in October 2016. One of the resident's is no longer in the home and the other was talked to individually on 03-31-17. As a plan of correction the removal of paper towels by resident's will be emphasized in resident meetings as not to be done plus administrator is looking into purchasing paper towel racks that prevent easy removal.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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(Date)

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(Initials)

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(Date)

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Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the common bathroom by the med room on the 1st floor.

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the 2nd floor common bathroom by bedroom #11.

On 10/18/16, there were no paper towels, mechanical air blower or other means of safe hand drying in the 2nd floor common bathroom between bedrooms #8 & #9.

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 re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions including a safe means of hand drying in all bathrooms. Documentation of education shall be kept. 5.31.17

Within 30 days of receipt of the plan of correction: A designated staff person shall monitor the home at least daily to ensure sanitary conditions are maintained including a safe means of hand drying in all bathrooms. 5.31.17

Within 30 days of receipt of the plan of correction: The administrator shall monitor the home at least weekly to ensure sanitary conditions are maintained including a safe means of hand drying in all bathrooms. 5.31.17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John Dougherty

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

John Dougherty

Date

06-01-17

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6-1-17
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by

(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 10/28/16 between 9:00 a.m. and 12:00 p.m. there was a white kitchen plastic trash bag full of trash was lying on top of the two trash receptacles on the left side exterior 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.

As a plan of correction the administrator has instructed all staff to not set the garbage bag on the trash receptacle but to immediately place the bag inside the receptacle and not wait until the end of their shift to do so.

Immediately: The administrator or designee shall place all trash outside of the home in a covered receptacle. *5-31-17*

Immediately: All staff persons shall be educated that all trash outside of the home shall be kept in a covered receptacle. Documentation of education shall be kept. *5-31-17*

Immediately: The administrator or a designee shall check the outside of the at least weekly to ensure all trash is kept in a covered receptacle. *5-31-17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John D. Dougherty</i>	Date <i>03-31-17</i>
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The above plan of correction is approved as of <u>6-1-17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>J</i></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

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The exterior wooden porch off of bedroom #1 has a hole in the plywood floor measuring approximately 3" in diameter. The edges around the hole are splintering from additional decaying/rotting. The hole is approximately 1 1/2' from the emergency exit door presenting a potential trip and fall 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.

The hole was actually only 9/16" and has been repaired as of 02-27-17 as a plan of correction.

Immediately: All staff persons shall be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education shall be kept. 5-31-17

Immediately: The administrator or designee shall conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards shall be immediately corrected. 5-31-17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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The above plan of correction is approved as of <u>6-1-17</u> (Date)	Plan of correction implementation status as of _____ (Date)
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa. Code §2800
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #4s annual medical evaluations, dated 7/28/16, did not include height, weight, and temperature. These sections were blank.
Resident #5's medical evaluation, dated 7/18/16, did not include height and weight. 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.

As a plan of correction the administrator will be present during house doctor visitations and review all medical evaluations prior to the house doctor's departure.

Immediately: Resident #4's and resident #5's medical evaluation shall be sent back to the physician for completion or the home will have a new in-person medical evaluation completed for the residents. 5-31-17

Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 5-31-17

Immediately: All staff persons involved with the medical evaluation process shall be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. Documentation of education shall be kept. 5-31-17

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
<i>John D. Dougherty</i>		<i>03-31-17</i>

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

The above plan of correction is approved as of 6-1-17 (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

MAY 04 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44883 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #10 had a medical evaluation completed on 4/28/15. However, the resident's next medical evaluation was not completed until 6/15/16. This medical evaluation did not include a medication regimen. There were no attachments to the medical evaluation.

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 administrator will be conducting monthly reviews of all medical evaluations and creating a chart for reference to ensure evaluations are done prior to their (the resident's) due date.

Immediately: Resident #10's medical evaluation shall be sent to the medical professional who completed the in-person medical evaluation for completion or the resident shall have a new in-person medical evaluation completed. Documentation shall be kept in the resident's record. § 31-114

Immediately: The administrator or designated staff person shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. § 31-114

Within 30 days of receipt of the plan of correction: All staff persons involved with the medical evaluation process shall be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. § 31-114

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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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

Violation Report: 44863 - 10/18/2016 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

On 10/18/16 at 4:30 p.m., resident #11 was observed smoking on the wooden porch off bedroom #1. This is not the designated smoking area for 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.

Resident #11 continually violated the home rules and smoking policy by not going to the end of the ramp as frequently told by staff and the administrator. Resident #11 was in 12-2016 confronted with a health issue and no longer smoker plus is now in a room on the first floor with no porch access.

Immediately: All staff persons and residents shall be educated on the home rules for smoking and the homes policy and procedures for smoking and the location of the designated smoking area including the proper fire and safety measures and smoking is only permitted in the designated smoking area. Documentation of education shall be kept. 5-31-17

Immediately: A designated staff person shall monitor the home daily to ensure the home's smoking policy and procedures are being followed and residents are following the home rules. 5-31-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 03-31-17

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

The above plan of correction is approved as of

6-1-17
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

J
(Initials)

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

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(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
On 10/18/16 at 10:35 a.m., there were multiple unlocked, unattended and accessible medications in multiple drawers and areas of the lower level staff desk, to include:
* An 8.3fl oz bottle of Good Sense Flu Relief Therapy expired on 5/2015.
* A bottle of Bufferin Aspirin 325mg, expired on 9/2016 prescribed for resident #8
* A 12fl oz. bottle of Good Sense Milk of Magnesia expired on 4/2015 prescribed for resident #8.
* A bottle of Bioactive Form Folic Acid "Mega Folic", 800mcg.
* A tube of DuoDERM Hydro active gel 30mg. expired on 1/2014.

On 10/18/16 at 10:35 a.m., there were multiple unlocked, unattended and accessible medications in the bottom drawer of the black file cabinet by the kitchen, to include:
Resident #1's:
* Olanzapine 15mg - Take one tablet once a day at 9:00a.m.
* Olanzapine 10mg tablet - take one tablet once a day. Baggie containing 2 tablets one loose and one in sealed roll pack.
* Risperidone, 4mg tablet - Take one tablet at bedtime. In a sealed pack in a zip lock bag.
* Single roll pack - Levothyroxine 100mcg take one tablet every day. Take on Friday 9/30/16 at 8:00 a.m.
* A prescription bottle labeled, Levothyroxine 100mcg tablet. Take one tablet every morning. Original date 10/4/16. Bottle contained one yellow tablet.
* A prescription bottle containing 4 tablets labeled: Olanzapine 10 mg tablets twice a day.
* A prescription bottle containing five pink tablets labeled Lithium ER 300 mg tablets - Take one tablet every morning and take two tablets at bedtime, dated 9/28/16.
* A prescription bottle with five pink capsules labeled Lithium Carb 300 mg capsules - take one capsule every morning and take two capsules at bedtime, dated 10/4/16.

Resident #10's
* Bupropion Sr 150mg tablet - take two tablets (300mg) every morning. 2 tablets in a sealed pack in a zip lock bag.
* Sertraline 100mg tablets- take 2 1/2 tablets (250mg) every morning. In a zip lock bag was a pack with 2 whole tablets and a sealed pack with two 1/2 tablets.

Resident #12's:
* A roll pack with Aspirin Chew 81mg - take one tablet one time a day. Take Monday, 10/3/16 at 8:00 a.m.
* Can #212, Bag 5 - a Lorazepam tablet
* Carvedilol 6.25 mg takes one tablet twice a day - take Monday 10/3/16 at 8:00 a.m.
* Lisinopril 2.5mg take one tablet by mouth once a day - take Monday, 10/3/16 at 8:00 a.m.
* Topiramate 25mg Sprinkle CA take one capsule once a day - take on Monday, 10/3/16 at 8:00 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.
I'm as an administrator reviewing all medication disposal and proper storage policies with staff plus scheduling med recertifications/reviews.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 86 Pa.Code §2800
2600.183(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
On 10/18/16 at 10:35 a.m., there were multiple unlocked, unattended and accessible medications in multiple drawers and areas of the lower level staff desk, to include:
* An 8.3fl oz bottle of Good Sense Flu Relief Therapy expired on 5/2016.
* A bottle of Bufferin Aspirin 325mg, expired on 8/2016 prescribed for resident #8
* A 12fl oz. bottle of Good Sense Milk of Magnesia expired on 4/2016 prescribed for resident #8.
* A bottle of Bioactive Form Folic Acid "Mega Folic", 800mcg.
* A tube of DuoDERM Hydro active gel 30mg, expired on 1/2014.

On 10/18/16 at 10:35 a.m., there were multiple unlocked, unattended and accessible medications in the bottom drawer of the black file cabinet by the kitchen, to include:

- Resident #1's:
- * Olanzapine 15mg - Take one tablet once a day at 9:00a.m.
 - * Olanzapine 10mg tablet - take one tablet once a day. Baggie containing 2 tablets one loose and one in sealed roll pack.
 - * Risperidone, 4mg tablet - Take one tablet at bedtime. in a sealed pack in a zip lock bag.
 - * Single roll pack - Levothyroxine 100mcg take one tablet every day. Take on Friday 9/30/16 at 8:00 a.m.
 - * A prescription bottle labeled, Levothyroxine 100mcg tablet. Take one tablet every morning. Original date 10/4/16. Bottle contained one yellow tablet.
 - * A prescription bottle containing 4 tablets labeled: Olanzapine 10 mg tablets twice a day.
 - * A prescription bottle containing five pink tablets labeled Lithium ER 300 mg tablets - Take one tablet every morning and take two tablets at bedtime, dated 9/28/16.
 - * A prescription bottle with five pink capsules labeled Lithium Carb 300 mg capsules - take one capsule every morning and take two capsules at bedtime, dated 10/4/16.

- Resident #10's
- * Bupropion Sr 150mg tablet - take two tablets (300mg) every morning. 2 tablets in a sealed pack in a zip lock bag.
 - * Sertraline 100mg tablets- take 2 1/2 tablets (250mg) every morning. in a zip lock bag was a pack with 2 whole tablets and a sealed pack with two 1/4 tablets.

- Resident #12's:
- * A roll pack with Aspirin Chew 81mg - take one tablet one time a day. Take Monday, 10/3/16 at 8:00 a.m.
 - * Can #212, Bag 5 -- a Lorazepam tablet
 - * Carvedilol 6.25 mg takes one tablet twice a day - take Monday 10/3/16 at 8:00 a.m.
 - * Lisinopril 2.5mg take one tablet by mouth once a day - take Monday, 10/3/16 at 8:00 a.m.
 - * Topiramate 25mg Sprinkle CA take one capsule once a day - take on Monday, 10/3/16 at 8:00 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.

Immediately: The administrator or designee shall secure all prescription medications, OTC medications, CAM and syringes in accordance with regulation 2600.183(b). 5-31-17

Immediately: The administrator shall review and update the home's policy and procedures for the safe and secure storage of medications and controlled substances. 5-31-17

Immediately: All staff persons shall be educated on the required locked storage of medications, proper labeling of medications, disposal of expired medications and the home's policy and procedures for the safe and secure storage of medications and controlled substances. Documentation of the education shall be kept. 5-31-17

Immediately: A designated staff person qualified to administer medications will check the home on each shift to ensure prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. 5-31-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty* Date *06-01-17*

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

6-1-17

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 10/18/16, the following medications for resident #1 were expired or discontinued; however, they remained stored in the medication cart, to include:

- * Flovent Diskus, 100mcg discontinued on 10/4/16.
- * Two bottles of Sulfacetamide 10% eye drops- one bottle with a discontinue date of 7/29/16 and one bottle with a discontinue date of 7/30/16.
- * Ventolin HFA 90mcg Inhaler, had a discontinue date of 10/4/16.

On 10/28/16, there was an unlocked, unattended and accessible coffee can containing 99 assorted expired and discontinued medications on the bottom of the white shelving unit in the pantry that was unlocked and accessible.

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 care home as a plan of action is conducting monthly med cart audits by the pharmacy plus the administrator is doing weekly med-cart reviews with the manager.

Immediately: A designee qualified to administer medications shall 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. 5-31-17

Immediately: All staff persons qualified to administer medications shall be educated that expired medications will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations and the requirements of regulation 2600.183(f). Documentation of education shall be kept in the staff records. 5-31-17

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (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

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 the following medications, to include:
* Propranolol 10mg - take one tablet at 8:00 a.m. and 8:00 p.m.;
* Olanzapine 10 mg - take one tablet at 8:00 a.m.
* Olanzapine 15 mg - take one tablet at 8:00 p.m.
* Lithium ER 300 mg - take one tablet at 8:00 a.m.

During the third week of September 2016, the medications were not available in the home for administration. Direct care staff person B obtained medications for resident #1 kept in a coffee can containing expired and discontinued medications which were prescribed to other residents of the home. Direct care staff person B matched the color, size, shape and markings of the medication. These medications were administered to resident #1 during the time period of 9/17/16 through 9/28/16. The medications included Risperidone, Olanzapine, Propranolol and Lithium ER.

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.

As a plan of action the administrator is reviewing the home's policy on proper medication disposal with staff plus scheduling the home's pharmacy to review the danger of improper medication administration and do recertifications. Resident #1 left the care home in [redacted] 2016.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17
(Date)

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

- Plan of correction implementation status as of _____ (Date)
- Fully Implemented
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 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
 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 the following medications, to include:
 * Propranolol 10mg - take one tablet at 8:00 a.m. and 8:00 p.m.;
 * Olanzapine 10 mg - take one tablet at 8:00 a.m.
 * Olanzapine 15 mg - take one tablet at 8:00 p.m.
 * Lithium ER 300 mg - take one tablet at 8:00 a.m.
 During the third week of September 2016, the medications were not available in the home for administration. Direct care staff person B obtained medications for resident #1 kept in a coffee can containing expired and discontinued medications which were prescribed to other residents of the home. Direct care staff person B matched the color, size, shape and markings of the medication. These medications were administered to resident #1 during the time period of 9/17/16 through 9/28/16. The medications included Risperidone, Olanzapine, Propranolol and Lithium ER.

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 administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability, including as needed "PRN" medications, are available in the home for administration. All staff persons qualified to administer medications shall be reeducated on the home's policy and procedures. Documentation of education shall be kept. 5-31-17
 Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration, including as needed "PRN" medications, are available in the home for administration. 5-31-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Dougherty*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Dougherty* Date *06-01-17*

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 Plan of correction implementation status as of _____ (Date)
 Fully Implemented
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 Partially Implemented - Inadequate Progress
 Not Implemented

MAY 04 2017

Violation Report: 44883 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 Clonidine HCL, 0.1mg - take one tablet by mouth three times a day. However, the prescribed medication was not included on the resident's October medication administration record (MAR).

Resident #1 is prescribed Ibuprofen 800mg - take one tablet every 6 hours as needed;. However, the prescribed medication is not included on resident #1's October MAR.

Resident #1's September MAR does not include a diagnosis or purpose for the following medications:

- * Invaga Sustenna 156mg
- * Lithium ER 300mg tablet - take one tablet at 8:00 a.m.
- * Lithium ER 300mg tablet - take two tablet (800mg) at 8:00 p.m.
- * Olanzapine 10mg tablet - take one tablet at 8:00 a.m.
- * Olanzapine 15mg - take one tablet at 9:00 p.m.
- * Propranolol 10mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- * Risperidone 4mg tablet - take one tablet at 8:00 p.m.
- * Sulfacetamide 10% eye drops - instill two drops into right eye four times a day (8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 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.

As a plan of correction the care home is having monthly med-cart audits conducted by the home's pharmacy plus the administrator & manager will conduct weekly cart audits.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/20/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44883 - 10/18/2016 - Georgoules, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 88 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 Clonidine HCL, 0.1mg - take one tablet by mouth three times a day. However, the prescribed medication was not included on the resident's October medication administration record (MAR).

Resident #1 is prescribed Ibuprofen 800mg - take one tablet every 8 hours as needed. However, the prescribed medication is not included on resident #1's October MAR.

Resident #1's September MAR does not include a diagnosis or purpose for the following medications:

- * Invega Sustenna 158mg
- * Lithium ER 300mg tablet - take one tablet at 8:00 a.m.
- * Lithium ER 300mg tablet - take two tablet (600mg) at 8:00 p.m.
- * Olanzapine 10mg tablet - take one tablet at 8:00 a.m.
- * Olanzapine 15mg - take one tablet at 8:00 p.m.
- * Propranolol 10mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- * Risperidone 4mg tablet - take one tablet at 8:00 p.m.
- * Sulfacetamide 10% eye drops - instill two drops into right eye four times a day (8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 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.

Immediately: The administrator or designee qualified to administer medications will develop and implement a process and procedure to ensure all prescribed medications are documented on the MARs including a purpose or diagnosis for each medication. 5-31-17

Immediately: All staff persons qualified to administer medications shall be educated, by a person qualified to administer medications, on the proper documentation of medication administration including a purpose or diagnosis for each medication. Documentation of education shall be kept. 5-31-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/20/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Dougherty Date 06-01-17

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

The above plan of correction is approved as of 6-1-17 (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

MAY 04 2017

Violation Report: 44883 - 10/18/2016 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Flovent Diskus, 100mcg - one puff by mouth twice a day. On 10/4/16, there was a physician change order to Flovent 110mcg - one puff by mouth twice a day. However, the home's staff continued to administer the discontinued Flovent 100mcg and documenting the administration of the Flovent 110mcg.

Resident #12 is prescribed Lisinopril 2.5mg, Tompiramate 25mg, Carvedilol 6.25mg and Aspirin 81mg. However, the medications were not available in the home and not administered as follows on 10/3/16 at 8:00 a.m.:

- * Lisinopril 2.5mg
- * Tompiramate 25mg
- * Carvedilol 6.25mg
- * Aspirin 81mg

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.

As a plan of correction the care home is scheduling monthly med-cart audits to be conducted by the home's pharmacy plus the administrator & manager will conduct weekly cart audits.

Immediately: The administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration, the procedures for ordering prescribed medications, procedures for medication change orders and updating medication administration records. All staff persons qualified to administer medications shall be reeducated on the home's policy and procedures. Documentation of education shall be kept. 5-31-17

Immediately: The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). 5-31-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (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

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

During the month of May 2016 residents #4 and #5 resided in bedroom # [redacted]. During the overnight shift staff routinely engaged a hasp on the door, when staff was not in the area, preventing the residents from leaving the 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 home disagrees with this violation. No resident was ever locked in at anytime and all resident's that reside in that room would verify this statement. The hasp on the door was placed there by former owner C when it was used for storage. The lock on the hasp catch has been there since [redacted] 1996 when former owner C passed away and the key is no where to be found. As a plan of correction the administrator has removed the hasp and the catch with the lock on it.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>John D. Dougherty</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John D. Dougherty	03-31-17

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

The above plan of correction is approved as of 6-1-17
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUN 02 2017

Violation Report: 44863 - 10/18/2016 - Georgoulle, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2800.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

During the month of May 2016 residents #4 and #5 resided in bedroom # [redacted] During the overnight shift staff routinely engaged a hoop on the door, when staff was not in the area, preventing the residents from leaving the 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.

Immediately: All staff persons shall be educated on the prohibitions in accordance with regulation 2800.202. Documentation of education shall be kept. 5-31-17 ✓

Immediately: The administrator shall interview at least two residents a week for three months to ensure staff are not implementing any measures prohibited in accordance with regulation 2800.202. Documentation of resident interviews shall be kept. 5-31-17 ✓

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. 5-31-17 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John Dougherty

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

John Dougherty

Date

06-01-17

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

The above plan of correction is approved as of 6-1-17
(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

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #11 was admitted to the home on [redacted]/16. Resident #11's initial assessment does not include a completion date; therefore, it cannot be determined if the assessment was completed within 15 days of admission. The assessment does not include the resident's diagnoses of chronic pain syndrome, aphasia, gastroesophageal reflux disease, schizophrenia, anxiety, skin infection, constipation, COPD, neuropathy, and high cholesterol. The assessment does not include and assessment of the resident's short term or long term memory or social and recreational needs.

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 administrator will conduct monthly reviews of initial assessments plus support plans to ensure that medical information is updated and accurate with recent physician evaluations.

Immediately: The administrator or designee shall update resident #11's assessment. §. 9-1-17

Immediately: The administrator or designee shall review all resident assessments for accuracy and completion. §. 31-12g

Immediately: All staff persons completing resident assessments shall be educated regarding the completion and accuracy of assessments. Documentation of education shall be kept. §. 32-17y

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/08/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (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

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent annual assessment was completed on 6/2/15.

Resident #2's most recent annual assessment was completed on 7/6/15.

Resident #3's assessment, dated 11/28/15, does not include page 9 (Assessment of Behavioral or Cognitive Need) and page 10 is not legible.

Resident #4's initial assessment was completed on [redacted] 15. The resident does not have an annual assessment 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.

The administrator will conduct monthly reviews of assessments and support plans to ensure that medical information is updated and accurate with recent physician evaluations.

Immediately: The administrator or designee shall complete assessments for residents #1, #2 and 4. 5.31.17

Immediately: The administrator or designee shall update resident #3's assessment. 5.31.17

Immediately: The administrator or designee will review all resident assessments for accuracy and completion. 5.31.17

Immediately: All staff persons completing resident assessments shall be educated regarding the completion and accuracy of assessments. This shall include the required time frame for the completion of resident assessments in accordance with regulation 2600.225(c). Documentation of education shall be kept. 5.31.17

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *03-31-17*

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

The above plan of correction is approved as of 6-1-17 (Date)

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

- Plan of correction implementation status as of _____ (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

MAY 04 2017

Violation Report: 44863 - 10/18/2016 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #11 was admitted to the home on [redacted] 18. Resident #11's support plan did not include a completion date; therefore, it cannot be determined if the assessment was completed within the required time frame. The support plan does not include a plan to meet the resident's need of minimal supervision, how the resident's medications will be administered, and did not have the name or signature of the staff person completing the support plan.

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 administrator will conduct monthly support plans review and solely complete support plans removing the manager from this task/duty.

Immediately: The administrator or designee shall update resident #11's support plan. *5-31-17*

Immediately: The administrator or designee shall review all resident support plans for accuracy and completion. *5-31-17*

Immediately: All staff persons completing resident support plans shall be educated regarding the completion and accuracy of support plans. Documentation of education shall be kept. *5-31-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date *03-31-17*

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

The above plan of correction is approved as of *6-14-17*
(Date)

Plan of correction implementation status as of _____
(Date)

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

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