



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Ms. Laura J. Mesoraco,  
Owner/Administrator/Secretary of Corporation  
AM PM Personal Care Home, Inc.  
555 Adrian Road, P.O. Box 123  
Delancy, Pennsylvania 15733

RE: AM/PM Personal Care Home  
License #: 407360

Dear Ms. Mesoraco:

As a result of the Department of Human Services' annual licensing inspection on December 15, 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](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: AM PM PERSONAL CARE HOME		License Number: 40736
Address: P O BOX 123 555 ADRIAN ROAD, DELANCEY, PA 15733		County: Jefferson
Administrator: Laura Mesoraco		Region: WEST
Legal Entity Name: AM PM PERSONAL CARE HOME INC		
Legal Entity Address: 555 ADRIAN ROAD PO BOX 123, DELANCEY, PA 15733		<b>RECEIVED</b>
Certificate(s) of Occupancy C2 LP 02/25/1997 L&I		APR 24 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/15/2016: Marini, Michael; McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 32	<b>Number of Residents who:</b>	
Number of Residents Served: 28	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 28	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

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

At 9:00 AM, the narcotics count book, including residents #5 and #6's count sheets for Lorazepam, were left unattended and accessible on a desk in the kitchen.

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

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

The violation was corrected immediately by staff present who moved the narcotic book to the med room, which is locked.

To prevent further occurrences, all staff were reminded that the narcotic book must be kept and locked in med room. Staff were informed of this on 12/15 + 12/16 by Day to Day Manager [redacted]

Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records including the narcotics count book are confidential, kept safe and locked.

P 5/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura J. Meronec*

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

Owner/Adm. Laura J. Meronec

Date 4/18/17

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

The above plan of correction is approved as of

5/8/17  
(Date)

Plan of correction implementation status as of

5/8/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *f*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*f*  
(Initials)

Violation Report: 40738 - 12/15/2016 - Marini, Michael  
POH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 13, did not receive training on the following topics during the March 1, 2015 to February 28, 2016 training year:

- \* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- \* Falls and accident prevention

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

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

*See Page 4A of 12*

Staff person A's 2015-2016 Training Plan + verification of training was not up to date. (Please see attached)

Owner/Administrator will assure that future training plans for Employee A will be maintained + kept in the AM/PM Employee Training manual. Owner/Admin also assures Employee A will receive training according to the above listed Regulation 2600.65(g). - specifically fire safety.

- Staff Person A is a part-time [redacted] (see below)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura J. Mesoracoli*

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

*Laura J. Mesoracoli, Owner/Admin.*

Date *4/18/17*

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

The above plan of correction is approved as of

*5/8/17*  
(Date)

Plan of correction implementation status as of

*5/8/17*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

*\* Staff Person A works a second job + did receive fire safety training but I was unable to obtain a copy*

RECEIVED

MAY 08 2017

Violation Report: 40730 - 12/15/2016 - Mann, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.85(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
(3) Resident rights.  
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
(5) Falls and accident prevention.  
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A, hired on [redacted] 13, did not receive training on the following topics during the March 1, 2015 to February 28, 2016 training year:  
\* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert  
\* Falls and accident prevention

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Staff person A received fire safety training by a fire safety expert on 5/5/17 and falls and accident prevention training on 8/7/16.  
Immediately: A designated staff person shall review all staff person records to ensure each staff person has received all training specified in 2600.85g during the March 1, 2015 to February 28, 2016 training year.  
Immediately: A designated staff person shall develop and implement a system to ensure all staff persons receive annual training on all topics specified in 2600.85g during each established training year. Documentation of the system shall be kept.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Connie A. Quosley*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Connie Quosley Administrator*      Date *5/8/17*

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

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

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APR 24 2017

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST NESTON FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
At approximately 4:00 PM, there was an uncovered trash can full of trash in the home's kitchen.

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

A trash can with a lid was purchased and was placed in the front kitchen.

Please see attached receipt.

Immediately - A designated staff person will check the home daily to ensure trash in kitchens and bathrooms is kept in covered trash receptacles. *5/8/17*

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

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

Printed Name and Title of Legal Entity Representative *Laura J. Merrow, Owner/Adm.*  
(Required on EVERY Page)      Date *4/18/17*

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

The above plan of correction is approved as of <u><i>5/8/17</i></u> (Date)	Plan of correction implementation status as of <u><i>5/8/17</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40736 - 12/15/2016 - Manni, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Codo §2600

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

Residents #2 and #3 have mobility needs and share bedroom # [redacted] requiring a minimum of at least 100 square feet per resident; however, bedroom [redacted] is only 131 square feet.

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

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

Please see attached Doctor's orders for Resident #2 & Resident #3 stating the resident's can maneuver without the necessity of additional space.

Immediately - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident in order to safely maneuver in the room. If this requirement is not met and the resident chooses to reside in the bedroom, a medical order from the attending physician stating the resident can maneuver without the necessity of the additional space is needed. 5/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Laura J. Merow, Owner/Adm

Date 4/18/17

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The above plan of correction is approved as of

5/8/17  
(Date)

Plan of correction implementation status as of

5/8/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Handwritten mark]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

RECEIVED

APR 24 2017

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #2 does not have an operable lamp or other source of lighting which can be turned on/off at bedside.

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

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

A lamp was purchased and was placed in Resident #2's bedroom. Please see attached receipt.

Immediately - A designated staff person will check the home at least weekly to ensure each resident has an operable source of lighting that can be turned on/off at bedside.

5/8/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Merriam, Owner/Adm*      Date *4/18/17*

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

The above plan of correction is approved as of *5/8/17* (Date)

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

Plan of correction implementation status as of *5/8/17* (Date)

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

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APR 24 2017

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION  
The window blind in bedroom # 2 is missing 3 slats in the center of the blind.

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

A new window blind was replaced immediately in Bedroom #2.

Additional blinds were purchased to keep on hand if blinds become damaged & need replaced.

Please see attached receipt.

Immediate by - A designated staff person will check all resident bedrooms at least monthly to ensure window coverings are clean, in good repair, provide privacy and cover the entire window when drawn.

*[Signature]*  
5/8/17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Louis J. Marini*  
*Owner/Adm.*      Date *4/18/17*

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

The above plan of correction is approved as of <u>5/8/17</u> (Date)	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 24 2017 Page 9 of 12

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Learning

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 uncovered pot of potatoes in the refrigerator in the new section of the kitchen.

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

A lid was immediately placed on top of the uncovered pan of potatoes.

Additionally, all staff were immediately notified to make sure the above regulation (2600.103g) is enforced.

Immediately A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers.

*[Signature]*  
5/8/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Louis J Marini*  
*Owner / Adm*      Date *4/28/17*

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

The above plan of correction is approved as of 5/8/17  
(Date)

Plan of correction implementation status as of 5/8/17  
(Date)

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

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

Violation Report: 40736 - 12/16/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
There was an approximate 1/8" accumulation of lint in the dryer lint trap.

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 lint was immediately removed from the lint trap.

Additionally, all staff were immediately notified & reminded to follow the above regulation (2600.105(g)(1)).

A sign was posted in both laundry rooms to remind staff of the regulation. Please see attached.

Immediately - All staff persons will be educated concerning the hazards associated with the accumulation of lint and the procedures to prevent lint accumulation including emptying lint from the lint trap and drum of clothes dryers after each use. Documentation of training shall be kept.

5/8/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Lawrence J. Mercurio*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Lawrence J. Mercurio  
Owner/Adm.

Date 4/18/17

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

The above plan of correction is approved as of 5/8/17  
(Date)

Plan of correction implementation status as of 5/8/17  
(Date)

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

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

Violation Report: 40736 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Diclofenac Sodium 1% gel. Apply 2 grams topically to shoulders 3 times a day as needed. Resident #4 self-administers this medication but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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 #4 does not wish to self-administer any medication.

The Diclofenac gel was simply left in room by a staff person.

The gel was immediately removed and all staff were reminded to store it in locked medicine cart.

Within 30 days of receipt of the plan of correction - all staff persons will be educated on the required locked storage of medications. Documentation of training shall be kept. 5/8/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah J. Marini, Admin.*      Date *4/18/17*

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

The above plan of correction is approved as of *5/8/17* (Date)

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

Plan of correction implementation status as of *5/8/17* (Date)

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

RECEIVED

APR 24 2017

Violation Report: 40738 - 12/15/2016 - Marini, Michael  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGIONAL 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  
There was an unlocked and unattended tube of Diclofenac Sodium-1% gel, belonging to resident #4, in a drawer in the resident's bedside table.

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 Gel was left inadvertently in Resident #4's room. Staff immediately removed the Gel & placed it in locked med. cart.

All staff were reminded of the above regulation (2600.183(b)).

Within 30 days of receipt of the plan of correction - All staff persons will be educated on the required locked storage of medications including medications kept in a resident's room.

5/8/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *L.A. Mason*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J Mason*      Date *4/18/17*  
*Owner/Adm*

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

The above plan of correction is approved as of 5/8/17 (Date)

Plan of correction implementation status as of 5/8/17 (Date)

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

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