



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Mr. Austin Virgo,
President
Quality Assisted Care, Inc.
3411 North 17th Street
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care
License #: 193050

Dear Mr. Virgo:

As a result of the Department of Human Services' annual licensing inspection on February 7, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home [REDACTED] 2016. The contract for resident #1 was not signed at the time of inspection on 2/7/2017.

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 Resident Rent rebate APPENDUM TO CONTRACT as now been sign and dated.

To assure continue Compliance with this Regulation the Administrator will Review All New Resident Contract MONTHLY FOR ANY oversight

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) AUSTIN VIRGO	Date 4/4/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/4/17 (Date)

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

Plan of correction implementation status as of 4/4/17 (Date)

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

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home [REDACTED] 2016. At the time of inspection, resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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

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

Resident #1 AS NOW SIGN and acknowledge receipt copy OF the Resident Rights & the Complaint Procedures
 Resident #1 Request [REDACTED] Copy To be Place IN [REDACTED] Record

To Assure Continued Compliance with this Regulation the Administration will Review All New Resident Contract Monthly FOR ANY oversight

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Kirgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AUSTIN KIRGO* Date *4/4/17*

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Plan of correction implementation status as of *4/4/17* (Date)

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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

2a. DESCRIPTION OF VIOLATION

Staff person A, a direct care staff person did not complete the 2016 annual training topics.

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.

Substitute STAFF Person A, did complete 2016 ANNUAL TRAINING TOPICS but RECORD WAS NOT AVAILABLE DUE TO IT BEING AT ANOTHER LOCATION OF EMPLOYMENT.

To ASSURE CONTINUED COMPLIANCE UPON USING ANY SUBSTITUTE STAFF ADMINISTRATOR WILL DOUBLE CHECK TO MAKE SURE ALL RECORD ACCOMPANY STAFF

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO</i>	Date <i>4/4/17</i>
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The above plan of correction is approved as of <u>4/4/17</u> (Date)	Plan of correction implementation status as of <u>4/4/17</u> (Date)
The above plan of correction was approved by <i>AV</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION
 On February 7, 2017, the home was observed in the following state:
 The shower curtain in the 3rd floor bathroom was unsanitary and dirty.
 The 2nd floor bathroom smelled like urine and had a leaking toilet.

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 MORNING STAFF WAS IN PROCESS OF CLEANING BATHROOM
 THE 3RD FLOOR BATHROOM SHOWER CURTAIN AS BEEN REPLACED -
 THE BATHROOM AS BEEN CLEAN & SANITIZED

To Assure Continued Compliance STAFF & ADMINISTRATOR
 WILL CHECK BATHROOM DAILY FOR SANITARY CONDITION
 AND TO BE DONE IN A TIMELY MANNER.

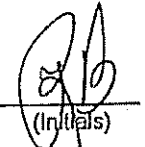
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 4/4/17
 JUSTIN VIRGO

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On February 7, 2017, the home was observed in the following state:

The ceiling on the 3rd floor outside of the bathroom had water damage.

The walls on the 2nd floor were cracked, chipped and in disrepair.

Bedroom #7 had a hole in the corner ceiling by the window due to water damage. The walls in bedroom #7 were also cracked, chipped and in disrepair.

The 2nd floor back bedroom, has an old ceiling with water damage by the exit door. There was a large patch and the walls need to be painted.

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

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

All Damage and WATER STAIN MARK ON Ceiling and WALL ON 2nd & 3rd Floor including Bedroom # 7 and 2nd Floor back bedroom AS been Repair and The Entire Rooms AS been Painted.

To Assure Continued Compliance with this Regulation Administrator Will HAVE ROOFER TO Repair Damage & Leaking ROOF as Need in A Timely MANNER. Administrator will also check Wall & Ceiling on A MONTHLY basis for defect. And MAKE REPAIR AS Needed.

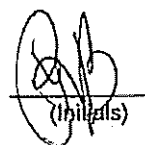
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN VIRGO** Date **4/4/17**

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

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 back steps leading out of the kitchen were severely damaged. The 2nd, 3rd and 4th step was severely cracked up and posed a major safety 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 back steps is not used by the Resident
 But since last inspection the steps as been
 Repair and Secure.

To Assure Continued Compliance Staff member
 on Duty will GARNING Step on A monthly
 basis and Report any Defect Finding To
 Administrator for MAINTENANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Austin Virgo

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

AUSTIN VIRGO

Date 4/4/17

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AV
 (Initials)

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

On February 7, 2017, the home was observed in the following state:

Bedroom #7 had a hole in the corner ceiling by the window due to water damage. The walls in bedroom #7 also needs to be painted.

The back bedroom on the 2nd floor has an old ceiling with water damage by the exit door. There was a large patch and the walls cracked, chipped and in disrepair.

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

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

All Damage and water stain mark on ceiling and wall in Bedroom #7, including the back bedroom on the 2nd floor has been repair and entire rooms has been painted.

To assure continued compliance staff and administrator will on a weekly basis be on the look out for any such defect reoccurrences.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Austin Virgo

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

AUSTIN VIRGO

Date 4/4/17

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION
 The 3rd floor bathroom window does not have shades, blinds or shutters. The bathroom window is directly across from a neighbor's window.
 The 2nd floor bathroom window does not have shades, blinds or shutters.

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.

Did Replace again for the second time window covering on the 3rd floor bathroom window and the 2nd bathroom window that the resident as remove

To assure continue compliance with this regulation staff member on a daily basis will monitor bathroom windows

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) AUSTIN VIRGO Date 4/4/17

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 2/7/17, resident #1's medication, Aspirin EC 81mg tablet, was signed off on the medication administration record below the date 2/8/17.
 Resident #1's Ibuprofen 800 mg, was also signed off on 2/7/17 on the medication administration record below the date 2/8/17 for the 5PM medication administration.

 Resident #2's medication administration record was reviewed. Resident #2's medication is pre-packaged and dated. Resident #2's pre-packaged 8PM medication for 2/7/17 was missing, the 2/8/17 medication was missing, and the 8PM medication for 2/9/17 was missing.

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 will only administer medications from the pre-package blister packs and not any loose pills, starting immediately. The administrator will train staff accordingly.
 Resident #1 TAKE A TOTAL OF 6 Pills Package All Together and is Given AT the same Prescribe Time. However on the M.A.R 2 of Those Pills Aspirin and Ibuprofen WAS ACCIDENTALLY signed OFF ON 2/8/17. Resident #2 Pre-packaged medications back covering became unsecured where one Pills came up missing from the pre packages and WAS NOT AVAILABLE AT the time of INSPECTION. However LATER THAT SAME day the Pills were FOUND stuck AT bottom AT the bottom of med tray container so Resident #2 WAS able to received all their medications on time.

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) **AUSTIN VIRGO** Date **4/4/17**

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The above plan of correction is approved as of 4/4/17 (Date) Plan of correction implementation status as of 4/4/17 (Date)

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

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

5/11/17

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

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
 The medication administration record for resident #1 did not include the diagnosis or purpose for the medication, including PRN medications for the:
 Aspirin EC 81mg, Atorvastatin 80mg, Pantoprazole 20mg, Prednisone 5mg, Therems-MC tablet and the Prodr HFA.
 At the time of inspection on 2/7/17, resident #4's medication administration record was not signed off. The following medications for resident #4 did not include the name and initials of the staff person administering the medication.
 Carbidopa-Levodopa, Docusate SOD 100/Famotidine 20mg, Sulf Elx 220/5ml, Finasteride 5mg, Lisinopril 25mg, Mirtazapine 30mg, Olanzapine 7.5mg, Omeprazole 20mg, Tamsulesin 0.4mg, Venlafax 75mg, Vitamin D 2000.

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

Resident #1 The Purpose For medication is now included on M.A.R
 Resident #4 M.A.R as now been sign off and include the name and initial of staff person administering the medication
 To assured continued compliance with this regulation both staff and administrator will review M.A.R on a daily basic to double check and to make sure all M.A.RS are correctly sign off and initials by staff person administering the medication.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN VIRGO** Date **4/4/17**

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 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
 PCH Name: QUALITY ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Sulf Elx 220/5m twice a day. At the time of inspection, the home did not have the medication onsite.

At 11:30 AM, resident #4 & resident #5's pre-packaged and dated pill packs were observed on the office desk underneath the computer monitor.

The home failed to ensure resident #4 received the prescribed medication on Saturday, 2/4/17. Resident #4 was prescribed 1/2 Atenolo 25mg tab, Carbidopa-Levodopa, Docusate SOD 100/Famotidine 20mg, Sulf Elx 220/5ml, Finasteride 5mg, Lisinopril 25mg, Mirtazapine 30mg, Olanzapine 7.5mg, Omeprazole 20mg, Tamsulesin 0.4mg, Venlafax 75mg, Vitamin D 2000 at 8AM.

The home failed to ensure resident #5 received the prescribed medication on Tuesday, 2/7/17. Resident #5 was prescribed Vitamin D 5000 at 8AM.

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 did received [redacted] Ferrous Sulf-Elx 220/5m 8 AM Medication AT the Time of inspection. The rest of [redacted] ReFill medication WAS delivery by the Pharmacy the Very Same day. ON Saturday 2/4/17 Resident #4 did Refuse [redacted] 8AM medication but took [redacted] 8PM medication. Resident #5 VITAMIN D WAS pre pack Separately and WAS To be TAKEN ONE Pill weekly. However Resident #5 Requested To Take [redacted] VITAMIN^D AT A LATER Time THAT Same day.

To Assure Continue Compliance with this Regulation Resident Who Refuse To TAKE their medication Administrator Will Immediately make the Report To their doctor and Follow Refusal Policy and Procedure. The administrator will check med cert^{weekly} to ensure meds

Repeat Violation: No Date(s) of Previous Violation(s): are available for administrator at all time, starting immediately. (5/11/17) (S/O)

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Kirlos*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN KIRLOS** Date **4/4/17**

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55.Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home [redacted] 2016. At the time of inspection, resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

Resident #1 as NOW been Educated on their Right To Refuse medication if resident believes that there may be a medication error

To Assure continued Compliance upon New admission to the Home, Administrator will Immediately Inform Resident of their rights to Refuse medication if they believed that there may be a medication error

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Austin Virgo*

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

Date **4/4/17**

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(Date)

Plan of correction implementation status as of *4/4/17*
(Date)

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

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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
There is no preadmission screening form for resident #1, admitted to the home [redacted] 2016.

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

To Assure continued compliance with this Regulation. Upon New Admission the Administrator will immediately secure and to make sure the preadmission screening form is in resident record for the future.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JUSTIN VIRGO</i>		Date <i>4/4/17</i>
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Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home [redacted] 2016. At that the time of inspection, resident #1's support plan was incomplete. The home did not complete part 1 of the support plan and the home also documented another resident's name on page 5 of the support plan in the section of plan to meet medication 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.

During the assessment of Resident #1 [redacted] informed me that [redacted] had no informal support so that section of part 1 was not complete. After the inspector leave I notice the no support exit box. The no support exit box is now been check off, and page #5 was update correctly.

To assure continued compliance with this regulation upon new admission administrator and staff double check R.A.S.P for any oversight

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN VIRGO** Date **4/4/17**

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

The above plan of correction is approved as of *4/4/17* (Date)

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

- Plan of correction implementation status as of *4/4/17* (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 19305 - 02/07/2017 - Freeman, Sabrina
PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #1's record does not include a photograph of the resident.

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

Resident #1 Record now include a photograph in [redacted] File.

To assure continued compliance with this regulation upon new admission the administrator will immediately have resident photo taken to be include in [redacted] file

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
AUSTIN VIRGO		4/4/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>4/4/17</u> (Date)	Plan of correction implementation status as of <u>4/4/17</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented