



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Ms. Rebecca L. Brady,
NHA, COO
Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home
License #: 429660

Dear Ms. Brady:

As a result of the Department of Human Services' annual licensing inspections on February 16, 2017 and February 17, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: REFORMED PRESBYTERIAN HOME		License Number: 42966
Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		County: Allegheny
Administrator: Becky Brady		Region: WEST
Legal Entity Name: REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION		
Legal Entity Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		
Certificate(s) of Occupancy C-2 LP 10/10/1983 City of Pittsburgh		RECEIVED MAY 12 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/16/2017: Summers, Vicky; Pfaff, Vicki 02/17/2017: Summers, Vicky		
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: 56	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
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		

MAY 12 2017

WEST REGIONAL OFFICE
Human Services Licensing

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 2/16/17 at 11:05 a.m., the current license was not posted in 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.

The NHA immediately posted the license on the 2nd floor unit. Facility has always posted the license at the 1st floor entrance/lobby area but will now begin also posting a copy of the license on the actual unit.

Attachment #1 shows it posted on our bulletin board within 30 days of receipt of the plan of correction and at least monthly thereafter - A designated staff person will check the home to ensure the current license, a copy of the current licensing inspection summary, and a copy of Chapter 2600 are posted in a conspicuous and public place.

MS 6/12/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca L. Brady NHA, PCA

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

Rebecca L. Brady NHA, PCA

Date 5/10/17

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

The above plan of correction is approved as of 6/29/17
(Date)

Plan of correction implementation status as of 6/29/17
(Date)

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

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

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MAY 12 2017

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN 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

On 2/16/17 at 11:05 a.m., the resident privacy coding document that included the names of residents #1, #2, and #3 from the 4/7/16 license inspection summary was posted on the bulletin board next to the library.

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 NHA immediately removed the privacy coding documents. The removal was witnessed by the inspector representative and the license inspection summary was reposted on the bulletin board next to the library

*Immediately - The administrator will develop and ^{implement} monitoring procedures to ensure resident records are kept confidential in accordance with Chapter 2600.17
MS 6/29/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L Brady NHA, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L - Brady NHA, PCA* Date *5/10/17*

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

The above plan of correction is approved as of 6/27/17 (Date)

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

Plan of correction implementation status as of 6/29/17 (Date)

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

Violation Report: 42968 - 02/16/2017 - Summers, Vicky
 PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

The home's staff training year is 1/1-12/31. Direct care staff persons A, B, and C did not receive annual training in 2016 on the following topics:

- Medication self-administration
- Personal care service needs of the resident
- Safe management techniques

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.

Medication Administration documentation is now current

- *for direct care staff persons A, B & C. (see attached) and ...*
- *The personal care service needs of the resident training was "Collegen drawings on Chronic Wounds" because we had some residents with wounds. (see attached)*
- *The "safe management technique" training was the "safe patient handling: lifting" (see attached)*

Direct care staff persons A, B and C completed all the trainings indicated. ms 6/29/17
 Immediate by - the administrator will review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65-f to include medication self-administration training. By 11/17 - the administrator or designated staff person will review all direct care staff training records to ensure training has been completed in all required topics under regulation 2600.65-f and documentation records of training is kept for the 2017 training year. ms 6/29/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/07/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady* Date *5/10/17*

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Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 2/16/17 at 10:35 a.m., the water temperature at the sink in the lounge bathroom measured 129 degrees Fahrenheit. On 2/16/17 at 10:40 a.m., the water temperature at the sink in the unlocked men's employee bathroom near room #233 measured 127 degrees Fahrenheit.

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 inspectors re-tested the water temperatures later that day and the water temperatures were within normal limits. The maintenance department was notified and agreed they would begin testing the water temperatures and recording them onto an audit log. They provided a sample of the log (attachment #3) and will begin taking & recording temperatures, effective 5/10/17.

Immediately upon any of the maintenance department's water temperature tests with results of water temperature exceeding 120 degrees Fahrenheit - Remedial action will be taken to lower the water temperature until it does not exceed 120 degrees Fahrenheit. ms 6/29/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Beady NIHA, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Beady* Date *5/10/17*

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Plan of correction implementation status as of 6/29/17 (Date)

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

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

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MAY 12 2017

Violation Report: 42986 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 2/16/17 at 11:25 a.m., the emergency telephone numbers posted on the nurse's desk cordless phone did not include the personal care home complaint hotline number.

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.

Facility has posted all of the required telephone numbers on a laminated document which appears beside each telephone with a cordless phone to include the telephone on the nurse's desk. MS 6/12/17
Please see attachment.

Within 30 days of receipt of the plan of correction - A designated staff person will check the home at least monthly to ensure telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline are posted on or by each telephone with an outside line. MS 6/29/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady* Date *5/10/17*

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Plan of correction implementation status as of 6/29/17 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
 PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #5 is prescribed Alphagan P solution 0.1% - instill 1 drop into both eyes twice a day; however, the label indicates Alphagan P solution 0.1% - instill 1 drop into left eye twice a day.
 On 2/16/17 at 11:30 a.m., there was a 60 gram bottle of Nystatin with the prescription label removed in the first aid kit of the unlocked filing cabinet in the nurse's station.

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 Nystatin was discarded. ms 6/29/17
 Dr. [redacted] prescribed eye # [redacted] 0.1%
 Alphagan. Instill 1 drop into left eye twice a day. See attached
 Immediately and at least weekly thereafter - A designated staff person will check the home's medication storage areas to ensure the original container for prescription medications is labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber. ms 6/29/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady* Date *5/10/17*

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Violation Report: 42966 - 02/16/2017 - Summers, Vicky
 PCH Name: REFORMED PRESBYTERIAN HOME

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 #4 is prescribed Metoprolol Tartrate tablet 50 mg; however, the February 2017 medication administration record (MAR) inaccurately indicates Metoprolol Tartrate tablet 25 mg.

Resident #4's February 2017 MAR did not include administration times or a diagnosis or purpose for the following medications:

- Amlodipine tablet 5 mg
- Aspirin tablet 81 mg
- Metoprolol Tartrate tablet 25 mg
- Hydrochlorot capsule 12.5 mg
- Debrox drops

Resident #5's February 2017 MAR did not include administration times or a diagnosis or purpose for the following medications:

- Folic Acid tablet 1 mg
- Vitamin b-12 500 mcg
- Ferrous Sulfate tablet 325 mg
- Potassium CL ER tablet 10 meq

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. POC completes MAR audits 3 times per week. MS 6/29/17

Med techs A, B & C were retrained on the requirements for medication administration & how to properly prepare and chart on the MAR. See attached POC of retraining.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Rebecca L. Brady</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>5/10/17</i>

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Violation Report: 42966 - 02/16/2017 - Summers, Vicky
 PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Ketoconazole 2% cream with instructions to apply topically daily for 14 days and the medication was initially administered on 2/8/17, but the home failed to administer it on 2/10/17 and 2/14/17.

Resident #8 is prescribed Furosemide tablet 40 mg with instructions to give 1 tab by mouth daily, but the home failed to administer it on 2/4/17.

Resident #5 is prescribed Alphagan P solution 0.1% with instructions to instill 1 drop into both eyes twice daily; however, staff person A only administered 1 drop into the left eye during the following administrations to the resident:

- 2/1/17 in p.m.
- 2/2/17 in a.m.
- 2/3/17 in a.m.
- 2/9/17 in a.m.
- 2/11/17 in a.m. and p.m.
- 2/13/17 in p.m.
- 2/14/17 in 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.

All of the medication techs (A, B, C) were re-trained on medication administration (see verification included in this packet). Training was completed in April 2017. ms 6/22/17
PCA will audit Mar's 3x week, randomly, to ensure compliance. Documentation of audits shall be kept. ms 6/22/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady* Date: *5/6/17*

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

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Violation Report: 42966 - 02/16/2017 - Summers, Vicky PCH Name: REFORMED PRESBYTERIAN HOME	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 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
 The initial assessment for resident #4 is not dated.

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 initial assessment for resident #4 now has dates in the support plan finalized section. See attached resident #4's assessment indicates the assessment was finalized 1/23/17. MS 6/29/17

Immediately - A designated staff person will check each newly completed assessment prior to filing it in the resident's record to ensure compliance including the date the assessment was finalized. MS 6/29/17

within 30 days of receipt of the plan of correction - all staff persons completing assessments will be educated regarding the completion and accuracy of the document including the date the assessment was finalized. Documentation of training shall be kept. MS 6/29/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Rebecca Brady</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rebecca L. Brady</i>	<i>5/10/17</i>

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Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 #6's 2015 and 2016 annual assessments are not dated.

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 2015 and 2016 assessments for resident #6 now have dates in the "Assessment finalized" section. Please see attached

Within 30 days of receipt of the plan of correction - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the date the assessment was finalized. Documentation of training shall be kept MS 6/29/17

Immediately - A designated staff person will check each newly completed assessment prior to filing it in the resident's record to ensure compliance including the date the assessment was finalized, MS 6/29/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca L. Brady

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

Rebecca L. Brady

Date

5/10/17

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Fully Implemented

Partially Implemented - Adequate Progress MS

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Not Implemented

RECEIVED

MAY 12 2017

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

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

The initial support plan for resident #1 is not dated.

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 initial support plan
for resident #1 is now
dated, please see the
attached.*

*Immediately - A designated staff person will check each newly completed support plan prior to filing it in the resident's record to ensure compliance including the date the support plan was finalized, MS 6/29/17
within 30 days of receipt of the plan of correction - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the date the support plan was finalized. Documentation of training shall be kept. MS 6/29/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca L. Brady

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

Rebecca L. Brady

Date

5/10/17

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6/29/17
(Date)

Plan of correction implementation status as of

6/29/17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MS
(Initials)

MAY 19 2017

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #6's 2015 and 2016 annual support plans are not dated.

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 2015 and 2016 annual support plans are now dated for resident #6

Within 30 days of receipt of the plan of correction - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the date the support plan was finalized. Documentation of training shall be kept. ms 6/29/17

Immediately - A designated staff person will check each resident's most recently completed support plan prior to filing it in the resident's record to ensure compliance including the date the support plan was finalized. ms 6/29/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca L. Brady* Date *5/10/17*

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

The above plan of correction is approved as of <u>6/29/17</u> (Date)	Plan of correction implementation status as of <u>6/29/17</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ms <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 12 2017

Violation Report: 42966 - 02/16/2017 - Summers, Vicky
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The February 2017 medication administration record for resident #6 contains white out for Furosemide tablet 40 mg on 2/14/17.

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 med techs were retrained (see documentary in packet re med administration and MAR documentation. Training was completed in April 2017. MS 6/29/17
PCA will audit MARs 3x weekly to identify & address errors found. All med techs understand that white out can never be used. Documentation of audits shall be kept. MS 6/29/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Rebecca L. Brady</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Rebecca L. Brady</i>		<i>5/10/17</i>	

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