



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

DEC 04 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 February 16, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Butler
Adminstrator: KATHLEEN DAUGHERTY		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/24/1985 L & I		JUL 31 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
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: Georgoulis, Karen; Bedford, Katie		
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: 25 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: 25 Are 60 Years of Age or Older: 12 Have Mental Illness: 23 Have an Intellectual Disability: 2 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 44863 - 02/16/2017 - 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
 The kitchen area of the home contained unlocked, unattended and accessible resident confidential information as follows:
 * The staff's communication log, including resident ADLs and IADLs, was on the small table in kitchen and identified the following residents #1, #2, and #3.
 * There was a binder on the blue desk labeled, "Washington Manor Resident Emergency Medical Book - Confidential Information. For Staff only". The binder contained resident demographic sheets with resident's names, SSI and DOB of the following residents #4, #5, #6, #7, #8. The binder also included resident information sheets with DNR status and insurance information.
 The storage area contained unlocked, unattended and accessible resident confidential information to include six boxes containing current and previous resident's narcotic sheet, medication administration records (MAR) and other documents to include:
 * Resident #9 - Lorazepam 1mg
 * Resident #10 - Aspirin 81mg, fish oil, Atorvastatin 40mg
 * Resident #11 - Fentanyl 12mcg
 * Missing medication form for resident #11
 The administrator's office contained unlocked, unattended and accessible resident confidential information to include all of the resident records and personal information.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
See page 2A of 89

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 *07-31-17*

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

The above plan of correction is approved as of <u>11-16-17</u> (Date) The above plan of correction was approved by <u><i>J</i></u> (initials)	Plan of correction implementation status as of _____ (Date) <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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REGULATION
2600.17

The care home disputes part of the information stated above. The storage and office area are connected and have locks preventing access. Staff opened the door so the inspectors could have access to the administrator in the office.

To avoid future violations of this regulation and protect the confidentiality of all resident records the care home has conducted a training to review proper storage of resident records. In addition the kitchen desk area will be monitored by the administrator for three weeks daily, and afterwards once weekly to ensure compliance with protection of resident records and confidentiality.

 07-28-17
John D. Dougherty-Administrator

Immediately: The administrator or designee shall check the home daily to ensure all resident records are maintained in a confidential manner in accordance with regulation 2600.17. 11-8-17 ✓

Immediately: All staff persons shall be educated that all resident records and information shall be kept confidential and stored in an area that is locked. Documentation of education shall be kept. 11-8-17 ✓

11-16-17 ✓

RECEIVED

Violation Report: 44863 - 02/16/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home's most recent a quality management review was completed on 1/25/16. This review did not contain a review of the required topics as follows:
* Complaint procedures.
* Licensing violations and plans of correction.

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

See page 3A of 33

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 *07-31-17*

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The above plan of correction is approved as of 11-16-17
(Date)

Plan of correction implementation status as of _____
(Date)

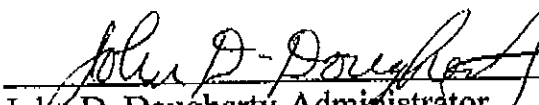
The above plan of correction was approved by _____
(Initials)

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

Page 30 of 73

REGULATION
2600.26 (a)

The care home disputes this violation. Two QMT meetings were held in 2016 that covered this regulation (see attached). The home will continue to conduct QMT meetings and cover all required areas to meet this regulation.

 07-29-17
John D. Dougherty-Administrator

A quality management review was held on 8/21/16. 11-8-17 y

Immediately: The administrator or designee shall develop and implement a system to ensure a quality management review is conducted at least annually, which includes a review required components specified in regulation 2600.26a. Documentation of the review shall be kept. 11-8-17 y

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 2/9/17, there were 25 residents in the home, 2 with mobility needs. Accordingly, the home was required to provide a minimum of 27 hours of personal care services, however, only 24 hours of direct care staffing were provided. The home is required to provide minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility 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.

See pgs 4A of 33

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 07-31-17

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

The above plan of correction was approved by (Initials)

260.57 (c)

REGULATION
2600.57 (c)

The care home disputes this violation. One staff member scheduled on this date was late due to car trouble but administrator was present and assisted on this date.

To ensure that direct staffing hours are met the administrator will continue to monitor that enough staffing is present through scheduling. In addition the administrator will change the recording of their hours but classifying them into administrative and direct care hours with specific times from a.m. to p.m. with the exact hours for proper documentation.

 07-29-17
John D. Dougherty-Administrator

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. 11-8-17 y

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 11-8-17 y

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 2/9/17 there were 25 residents residing in the home, including 2 residents with mobility needs. Accordingly, the home was required to provide a minimum total of 20.25 direct care staffing during waking hours. However, only 18 hours of direct care services were provided during waking hours. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and two hours of personal care services for each resident with mobility needs. At least 75% of the personal care service hours shall be provided during waking hours.

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 54 of 23

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 07-31-17

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(Date)

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

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(Date)

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

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REGULATION
2600.57 (d)

The care home disputes this violation. A direct care staff employee had car trouble on this date and the administrator was present and performed in the capacity of direct care until the employee arrived.

To ensure compliance with this regulation the administrator will continue weekly reviews of the schedule to make certain personal care service hours are being met during waking hours. In addition the administrator will change the recording of their personal hours into administrative and direct care hours to provide clarity. The hours, designation of a.m. or p.m. and recording of administrative or direct care will be displayed.


John D. Dougherty 09-29-17
John D. Dougherty-Administrator

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency. 11-8-17 y

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 11-8-17 y

r.

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

Direct Care staff person A did not complete training in personal care service needs of the resident during the 2016 training year.

Direct care staff person C did not complete training in personal care service needs of the resident during the 2016 training year.

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

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

See page 6 of 33

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

07-31-17

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The above plan of correction is approved as of

11-16-17
(Date)

Plan of correction implementation status as of

11-16-17
(Date)

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

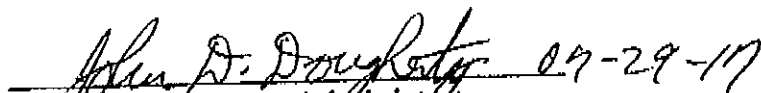
The above plan of correction was approved by

J
(Initials)

Page 6 of 33

REGULATION
2600.65 (f)

The care home disputes this violation; at the time of inspection documents could not be found. Found documentation through QMT plan and have placed in a specific office location for future inspections. Attached are the certificates, exams and sign-in sheet for staff persons a and c showing this training was conducted in 2016.


John D. Dougherty-Administrator 09-29-17

Immediately: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2016 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 11-09-17

11-16-17

Violation Report: 44863 - 02/16/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 9:25 a.m. and 10:21 a.m., the following unsanitary conditions were observed in the first floor common bathroom by the medication room as follows:

- * There were no paper towels, mechanical air blower, or other means of hand drying in the first floor bathroom.
- * There was what appeared to be mold caked underneath of the bath mat in the bathtub.

At 10:29 a.m., there were no paper towels, mechanical air blower, or other means of hand drying in the common bathroom off the activity room.

There were no paper towels, mechanical air blower, or other means of hand drying in the common bathroom by the small vestibule on the second floor.

At 10:45 a.m., the following unsanitary conditions were observed in the common bathroom by bedroom #11 as follows:

- * There were no paper towels, mechanical air blower, or other means of hand drying.
- * The toilet seat is worn, exposing the pressed wood on the left side of the seat that measure 1/2" x 11", 10" x 1/4" and 1" x 1/4", from back to front.

There were clothes strewn throughout the room, assorted empty snack bags (approximately 10), fast food bags with partially eaten food items, garbage and soda cans on the floor in resident #12's and #13's room. There were food crumbs including potato chips on the floor of the room.

At 9:00 a.m., there were approximately 25 or more cigarette butts on the ground in the parking lot by the porch stairs and by the trash cans to the left of the back porch stairs.

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 pgs 7 & 8 of 33

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 *09-31-17*

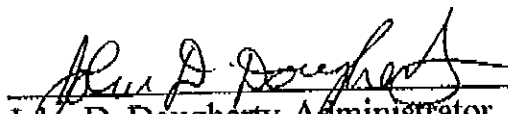
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The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11-16-17</u> (Date)
The above plan of correction was approved by <u>Y</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 7 Not 33

REGULATION
2600.85 (a)

As a plan of correction to make certain that sanitary conditions are maintained a staff review of the sanitary policy has been conducted. In addition to ensure future compliance the monitoring of daily sanitary conditions by the designee shall be conducted plus a weekly monitoring by the administrator. The sanitary items monitoring is recorded on the physical site checklist to document enforcement of this regulation.


John D. Dougherty-Administrator 09-29-17

The home educated staff persons on 7/26/17.

11-2-17

11-16-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

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
There were twelve broken slats on the window blind in the second floor dining room.

There is broken window slat hanging from the blind on the left window by the main steps on the second floor.

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 800037

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 *07-31-17*

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The above plan of correction was approved by J (Initials)
Plan of correction implementation status as of 11-16-17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress ✓
 Partially Implemented - Inadequate Progress
 Not Implemented

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REGULATION
2600.88 (a)

The administrator replaced the second floor dining room blind and removed permanently the blinds on the second floor/main steps. Inspection of the blinds has been added to the physical site checklist and will be conducted by the designee daily and administrator weekly. Staff training on the blinds has also been conducted and will be reviewed in all future meetings to ensure compliance.

John D. Dougherty 07-29-17
John D. Dougherty-Administrator

The home educated staff persons on 7/26/17.

11-8-17 y

11-16-17 y

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

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
At 10:21 a.m., the water temperature at the sink in the common bathroom across from the small living room and medication room measured 140 degrees Fahrenheit.
At 10:29 a.m., the water temperature at the sink in the common bathroom off the activity room measured 145 degrees Fahrenheit.
At 10:38 a.m., the water temperature at the sink in the common bathroom off the small vestibule on the second floor measured 130 degrees Fahrenheit.
At 10:45 a.m., the water temperature at the sink in the common bathroom by bedroom #11 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.

See pgs 9 A of 33

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 09-31-17

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

The above plan of correction is approved as of 11-16-17
(Date)

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

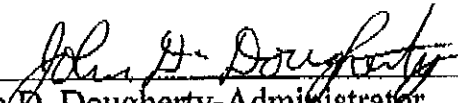
Plan of correction implementation status as of _____
(Date)

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

Page 9A of 33

REGULATION
2600.89 (b)

The administrator has been conducting water temperature checks periodically but has now discovered the thermometer was not providing accurate readings. The administrator has acquired a new thermometer and is now conducting weekly checks of the water temperatures to ensure compliance. The hot water tanks have been turned down as well once the administrator discovered the water temperatures were higher than the thermometer indicated.


John D. Dougherty-Administrator 04-29-17

Immediately: All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education shall be kept. 11-16-17 y

11-16-17 y

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The stairway handrail, on right side of the steps leading to the home's driveway, is loose with an approximate 1/4" sway by the first step at the bottom.
The stairway handrail, on left side of the steps leading to the home's driveway, is loose with an approximate 1/4" sway at the top of the steps.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
See page 10A of ??

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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 *07-31-17*

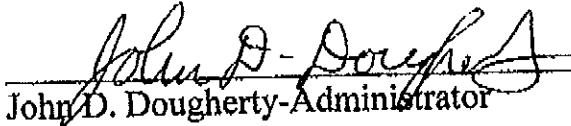
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Pkg 100 of 33

REGULATION
2600.93 (a)

The administrator disputes this violation and was unable to find either handrail identified as being unsecured. Administrator will continue to comply with this regulation by conducting weekly checks to the exterior porches/handrails which will be recorded on the physical site checklist. Staff has been educated to immediately report any physical site items that may need repaired to the administrator as well.


John D. Dougherty-Administrator *07-28-17*

Immediately: All staff persons will be educated regarding the requirements for a well-secured handrail and the reporting of hazardous conditions. Documentation of training shall be kept. *11-8-17 y*

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a cloth chair which has multiple tears in the seat, measuring approximately 4' x 1.25" toward the back of the seat, a 2.5" x 1.5" tear at the front of the seat and a 5" x 1.5" tear on the right/middle of the seat.

There is a large stain measuring 14" x 11.5" on the seat of the cloth chair by the left window on the second floor.

The interior door of the microwave oven in the kitchen was rusted.

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 11 of 93

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(Date)

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

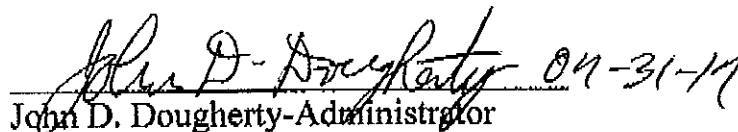
Plan of correction implementation status as of _____
(Date)

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

REGULATION
2600.95

The administrator has removed and discarded items #1 and #2. All furniture that is fabric has been removed with the exception of the living room furniture. The microwave was found to be free of rust but had stains that did resemble rust and were cleaned.

To ensure future compliance with this regulation the microwave and furniture conditions are to be recorded by the designee daily in the physical site checklist and monthly by the administrator. Staff has also been educated on sanitary conditions and reporting damages immediately to the administrator.

 04-31-17
John D. Dougherty-Administrator

11-16-174

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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 wooden porch that leads to the rear entrance at the kitchen has plywood flooring. The plywood flooring bows significantly and does not feel secure. Residents use this entrance to access the home.

There is a hole in the small wooden porch, off of the emergency exit from bedroom #1, measuring approximately 2" x 2".

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 pgs 12 & 13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *07-21-17*


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

The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11-16-17</u> (Date)
The above plan of correction was approved by <u><i>S</i></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

REGULATION
2600.100 (a)

The care home disputes this violation on the plywood flooring; the administrator inspected and found the area to be completely secure. On the other porch with the small hole this has been repaired.

To prevent hazardous conditions and to repair them timely the care home has added the inspection of the exterior/porches to the physical site checklist and the administrator will conduct monthly inspections to ensure compliance with this regulation. In addition staff has also been educated on reporting possible repairs/damages immediately to the administrator.


John D. Dougherty-Administrator

All items cited in the violation were corrected on 7/24/17.

11-8-17 y

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
There was approximately 2" of snow covering the ramp, leading from the first floor to right side of the home.
The emergency exit from bedroom #1 leads to a small wooden porch with a ramp that is covered with approximately 1/2".

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 pgs 13 of 33

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(Date)

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

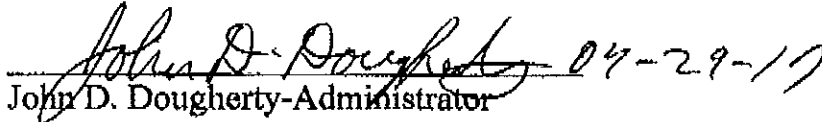
- Plan of correction implementation status as of 11-16-17
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress ✓
 - Partially Implemented - Inadequate Progress
 - Not Implemented

REGULATION

2600.100 (b)

The home disputes this violation and doesn't believe any snow was present on the property. Attached is a monthly weather record showing this was impossible.

To ensure future compliance with this regulation staff has been educated on removing snow and making certain walk areas, porches and ramps are free of debris and safe.

 04-29-17
John D. Dougherty-Administrator

11-16-17

JUL 31 2017

Violation Report: 44883 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

There was no operable lamp or other source of light at resident #12's and #13's bedside in bedroom # [redacted]. It appears the light bulbs were not functioning. There was no other source of light available.

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

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

See page 14A of 33

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(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

REGULATION
2600.101 (j) (7)

Administrator A found both lamps with bulbs that were operable but the bulbs had been turned (unscrewed) by resident #13 whom found the lamps being on annoying. Residents #12 and #13 are a [REDACTED] and have been instructed not to touch the bulbs but simply turn them off at the switch. The bulbs were screwed back in to make the connection by the administrator and the daily inspection of the bulbs has been added to the physical site checklist to be done by the designee daily and the administrator weekly. In addition the staff has also been educated on reporting any repairs to lamps or non-functioning bulbs timely.

 04-29-17
John D. Dougherty-Administrator

Immediately: All staff persons will be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside. Documentation of education shall be kept. 11-8-17

11-16-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

There was no slip resistant surface in the shower stall of the common bathroom on the second floor by the small vestibule.

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 15 out of 33

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 07-31-17

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

The above plan of correction is approved as of

11-16-17
(Date)

Plan of correction implementation status as of

11-16-17
(Date)

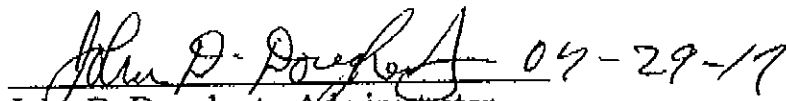
- Fully Implemented
- Partially Implemented - Adequate Progress *D*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J
(Initials)

REGULATION
2600.102 (d) (2)

The administrator installed anti-skid shower strips plus mats in all showers/tubs. The administrator will monitor the showers for anti-skid surfaces monthly. Staff has also been educated on reporting any noticeable repairs to the administrator immediately.


John D. Dougherty-Administrator

11-16-17y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled brownish/red towel hanging below the light switches in the common bathroom by the first floor activity room.
There was an unlabeled blue towel on the towel rack by the toilet in the second floor common bathroom by the small vestibule.

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 16 of 33

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 04-31-17

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

The above plan of correction is approved as of 11-16-17
(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

Page 16 of 23

DECEMBER 2018

REGULATION
2600.102 (k)

The common towels have been removed. Resident meetings plus staff education has taken place to make certain common towels are not left in bathrooms and future violations will occur. Common towel removal has been added to the physical site checklist and will be monitored daily by the designee and monthly by the administrator.

John D. Dougherty 09-29-17
John D. Dougherty Administrator

Immediately: The administrator or designee shall check all bathrooms to ensure there are no common towels.

11-8-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At 9:55 a.m. there was an undated white Styrofoam container of soup with a plastic lid in the kitchen refrigerator.

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 17A of 33

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 *07-31-17*

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

The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11-16-17</u> (Date)
The above plan of correction was approved by <u><i>J</i></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

PK 1740633

REGULATION
2600.103 (e)

The administrator disposed of this unlabeled food item. A care home policy for residents on handling all food items brought into the home has been posted and reviewed in resident meetings. Staff has also been educated on the labeling/dating of food items and this item is also on the physical site checklist to be monitored by the designee daily and administrator weekly.

John D. Dougherty 09-29-17
John D. Dougherty-Administrator

11-16-17 Y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:01 a.m. the temperature of the freezer, in the entrance area next to the back door, measured 15 degrees Fahrenheit. At 1:51 p.m. the freezer temperature measured 5 degrees Fahrenheit.

At 10:55 a.m., there was no thermometer in the second refrigerator, in the entrance area next to the back door.

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 18H-1F33

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

07-31-17

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

The above plan of correction is approved as of 11-16-17
(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

Page 11/133

REGULATION
2600.103 (f)

Administrator defrosted the freezer near the back door entrance and the temperature has been fine after re-starting. Administrator did find the thermometer in the second fridge but it was shoved and hidden in the back which could easily be missed.

To prevent future violations daily temperature readings on the chart's posted on the refrigerators/freezers are to continue to be conducted. On the physical site checklist the daily accounting of thermometers by the designee has been added plus weekly administrator monitoring to ensure future compliance with this regulation. Staff has also been educated on the proper refrigeration and freezer temperatures for food storage.


John D. Dougherty-Administrator

Immediately: The administrator shall audit the refrigerator/freezer temperature daily records to ensure food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.

11-8-17 y

11-16-17 y

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The emergency exit door leading from bedroom #1 was obstructed by a piece of remnant carpet on the exterior porch.

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 19A-F-93

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

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(Date)

Plan of correction implementation status as of 11-16-17
(Date)

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

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

REGULATION
2600.121 (a)

Remnant carpet on exterior porch has been removed and all porches are clear of any remnant carpets. To ensure future compliance with this regulation staff has been educated on removing obstructions in all walkways plus exterior inspections have been added to the physical site checklist to be monitored by the designee daily and administrator weekly.

John D. Dougherty 07-29-17
John D. Dougherty-Administrator

Immediately: All staff persons shall be educated that all stairways, hallways, doorways, passageways and exit routes from rooms and from the home shall be unlocked and unobstructed. 11-8-17 ✓

11-16-17 ✓

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulls, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency. The home is serving two residents with mobility 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.

See page 20A of 33.

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

07-31-17

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

The above plan of correction is approved as of

11-16-17
(Date)

Plan of correction implementation status as of

11-16-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Page 20 of 37

REGULATION
2600.124

The care home disputes this violation and has provided documentation that was located after the inspection proving that the fire department was contacted in writing of residents with mobility needs and their location. The home in the future to ensure annual compliance with this regulation will send all mail to the fire department certified. The home will also continue to conduct the required annual fire physical site inspection and staff training as required.

John D. Dougherty 09-29-17
John D. Dougherty-Administrator

Immediately: The administrator shall develop and implement a system to ensure all required documentation is kept in the home and available to the Department upon request. 11-8-17

11-16-17

11/31/2017

Violation Report: 44863 - 02/16/2017 - Georgouls, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The home conducted a fire drill on 12/23/16. The home's fire drill record does not indicate the actual time the fire drill was conducted. The fire drill record only indicates "5:20".

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 21A of 33

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 07-31-17

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

The above plan of correction is approved as of 11-16-17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 11-16-17 (Date)

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

Page 2140673

REGULATION
2600.132 (c)

The care home administrator corrected the fire drill record to show a.m. and has provided documentation from the fire service of the drill time for the mentioned date. Administrator will monitor monthly fire drills and ensure that documentation is completed thoroughly to always be in compliance with regulation 132 (c) and the required monthly fire drills.

John D. Dougherty 09-29-17
John D. Dougherty-Administrator

11-16-17 g

Violation Report: 44863 - 02/16/2017 - Georgoulls, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

JUL 31 2017

2a. DESCRIPTION OF VIOLATION
 The home's most recent sleeping hour fire drill was conducted on 3/30/16 at 5:30 a.m.

WEST REGION FIELD OFFICE
 Human Services Licensing

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 22A of 33

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 *07-31-17*

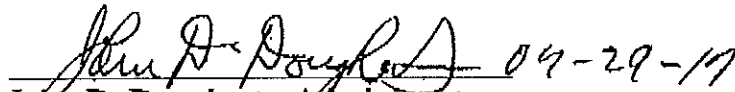
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11-16-17</u> (Date)
The above plan of correction was approved by <u><i>J</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>✓</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 22 of 23

REGULATION
2600.132 (e)

The care home conducted a fire drill at 5:20 a.m. however the fire drill log didn't reflect the a.m. and show that sleeping hours drills were done in compliance with this regulation. The care home has provided from the fire security service documentation of the time the drill was conducted. The administrator will continue to conduct sleeping hours fire drill every 6 months in accordance with this regulation and record proper documentation thoroughly to show compliance.


John D. Dougherty-Administrator

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c.

11-8-17g

11-16-17d

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, 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

At 8:55 a.m., to 9:00 a.m., manager/direct care staff person A and direct care staff B were observed in the parking lot in front the rear entrance stairs smoking. This area is not the designated smoking area.

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

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

See page 24 of 33

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *07-31-17*

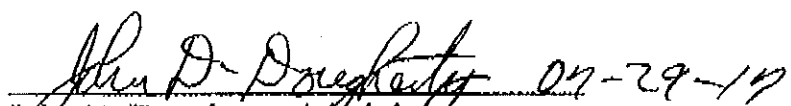
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11-16-17</u> (Date)
The above plan of correction was approved by <u>J</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

REGULATION
2600.144 (c)

Page 24 of 33

All staff has been reminded that smoking must be done in the designated smoking area plus only one staff member should be in the area at a time. Staff has been re-educated on the staff smoking policy which is posted in the care home. The administrator will continue to monitor that staff is in compliance with this regulation with on-site viewing. Since the review of this policy staff has been extremely cooperative with this policy to date.


John D. Dougherty-Administrator

Immediately: The administrator or a designated staff person shall monitor the home daily to ensure the home's smoking policy and procedures are being followed by staff and residents. 11-8-17

11-16-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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

There were OTC medications unlocked, unattended and accessible in the right side drawers of the blue staff desk in the kitchen area as follows:

- * Tums, assorted Berries extra strength 750mg.
- * Citrucel- Methylcellulose Fiber Therapy, full bottle.
- * Aleve 200mg - 200 tablets approximately 1/2 full.

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 pag 25A of 33

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(Date)

The above plan of correction was approved by 4
(Initials)

Plan of correction implementation status as of 11-16-17
(Date)

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

Page 25A1033

REGULATION
2600.183 (b)

These OTC medications were the property of staff and in a locked drawer with a hasp. All staff medications have been removed and the staff medications policy has been reviewed for training to ensure future violations do not occur with this regulation. The administrator will continue to monitor weekly on the physical site checklist that medications are stored in locked areas not accessible to residents.

John D. Dougherty 07-29-17
John D. Dougherty-Administrator

11-16-17 ✓

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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

There was an unlocked, unattended and accessible coffee can containing discontinued or expired medications in a mixture of kitty litter and a liquid substance stored in the bottom of a black file cabinet in the administrator's office. There was a strong chemical odor and fumes being expelled from the can when the lid was opened.

Resident #14 is prescribed blood glucose checks daily.

* On 2/11/17 and 2/8/17 at 8:00 a.m., the residents February 2017 medication administration record (MAR) indicated a blood sugar reading of 93. However, the resident's glucometer did not indicate a blood sugar reading for either day.

* 2/16/17 at 8:00 a.m., the residents February 2017 MAR indicated a blood sugar reading of 115. However, the resident's glucometer did not indicate a blood sugar reading.

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 pg 26 of 93

Repeat Violation: No

Date(s) of Previous Violation(s):

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

07-31-17

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

The above plan of correction is approved as of

11-16-17
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

J
(Initials)

Pg 26 of 33

REGULATION
2600.185 (a)

The care home disagrees with this violation. The coffee can with the destroyed medications was in the office area with a locked door. This area is not an area of public access. The coffee can with the destroyed medications has been removed and the care home is now having the pharmacy dispose of all unused medications. On 02-23-2017 the monthly audit from the pharmacy was conducted on the medication cart and a new glucometer was provided for resident #14. The staff has had a review training on glucose monitoring policy and the designee will monitor the glucose recordings daily with the administrator monitoring the recordings weekly.

 07-29-17
John D. Dougherty-Administrator

Immediately: The administrator or designee shall review and update, if needed, the home's policy and procedures for the proper disposal of medications. All staff persons shall be re-educated on the homes policy and procedures. Documentation of education shall be kept. 11-8-17 y

11-16-17 y

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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

On 2/16/17, resident #15's February MAR did not include a diagnosis or purpose for the resident's prescribed medications to include:

- * Haloperidol 2mg tablet - take one tablet my mouth at 8:00 a.m. and 8:00 p.m.
- * Lithium Car ER 450mg tablet - take one tablet my mouth at 8:00 p.m.
- * Theophylline ER 300mg tablet - take one tablet my mouth at 8:00 a.m. and 8:00 p.m.
- * Albuterol Sulfate ER 4mg tablet - take one tablet my mouth at 8:00 a.m. and 8:00 p.m.
- * Benztripline 0.5mg tablet - take one tablet my mouth at 8:00 a.m. and 8:00 p.m.

On 2/16/17, resident #18's February MAR did not include a diagnosis or purpose for the resident's prescribed medications to include:

- * Vimpat 150mg - take one tablet by mouth at 8:00 a.m. and 8:00 p.m.
- * Famotidine 20mg - take one tablet by mouth at 8:00 a.m. and 8:00 p.m.
- * Tizanidine HCL 4mg - take two tablets by mouth at 8:00 p.m.
- * Naproxen 375mg - take one tablet by mouth at 8:00 a.m. and 8:00 p.m.
- * Nuedextra 20-10-10mg - take one capsule by mouth every 12 hours.

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 p 27A of 33

Repeat Violation; *NO* Date(s) of Previous Violation(s):

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Page 270 of 33

REGULATION
2600.187 (a)

Physicians have been contacted by the care home but very little cooperation has been received in physicians contacting the pharmacy to update the information in the EMAR. The care home will continue to contact physicians to contact the pharmacy on the purpose for the prescribed medications and do monthly monitoring to get resident records updated in the EMAR. Staff has also been educated on the importance of knowing the diagnosis or purpose for a resident's prescribed medication.

John D. Dougherty 07-29-17
John D. Dougherty-Administrator

Resident #15's and resident #16's MARs were corrected. *11-8-17*

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a). *11-8-17*

11-16-17

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 31 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #11 is prescribed Vimpat 50mg tablet - take one tablet by mouth at 8:00 a.m. and 8:00 p.m. However, the medication was not available in the home for administration and not administered from 2/5/17 through 2/16/17.

Resident #15 is prescribed, Topiramate 100MG tablet - take one tablet by mouth at bedtime. However, the medication was administered at 8:00 a.m. from 2/1/17 through 2/16/17.

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.

See page 28A of 33

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

07-31-17

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

The above plan of correction is approved as of

11-16-17
(Date)

Plan of correction implementation status as of 11-16-17
(Date)

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

The above plan of correction was approved by

J
(Initials)

Pg 24 of 77

REGULATION
2600.187 (d)

Resident 11's physician is the house doctor whom was notified by the care home that there was an insurance issue with the medication and to place a "hold on" the medication but it wasn't showing in the EMAR.

Resident 15's Topiramate was labeled by the pharmacy different on the EMAR than on the packaging causing the staff to be confused and administering incorrectly. Pharmacy and physician were contacted and made the correction.

To prevent future errors/violations the home has the pharmacy conducting monthly medication cart audits. In addition the policy for medication error reporting and contacting of physicians will continue.

 09-29-17
John D. Dougherty-Administrator

Immediately: The administrator or designee qualified to administer medications shall conduct an audit of prescription orders, medications and MARs weekly for four weeks then biweekly for all residents, to ensure all medications are available for administration, the most current medication orders are in the home and documented on the resident MARs correctly and medications are being administered as prescribed. 11-8-17

Immediately: A designee qualified to administer medications shall observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the medications are being administered as prescribed. Documentation of observations shall be kept. 11-8-17

11-16-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C completed the Department Approved initial medication administration training on 5/1/15. However, direct care staff person C has not completed the annual practicum training in order to continue to administer 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.

See page 29 of 33

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 *07-31-17*

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

The above plan of correction is approved as of 11-16-17
(Date)

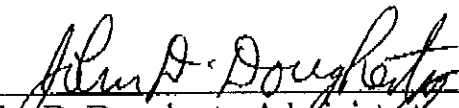
Plan of correction implementation status as of 11-16-17
(Date)

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

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

REGULATION
2600.190 (a)

The home disputes this violation. Attached is the 2016 annual practicum for staff person C. The care home administrator will continue to monitor the staff training schedule to make certain all staff is properly trained to administer medications.

 09-29-17
John D. Dougherty-Administrator

On 4/17/17, direct care staff person C completed medication administration training. 11-8-17 ✓

Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. 11-8-17 ✓

Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept. 11-8-17 ✓

11-16-17 ✓

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 65 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

Resident #14 was admitted to the home on [redacted]. However, the home did not complete a preadmission screening for resident #14.

Resident #15 was admitted to the home on [redacted]. However, the home did not complete a preadmission screening for resident #15.

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

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

See pgs 30 & of 33

Repeat Violation: No

Date(s) of Previous Violation(s):

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 07-31-17

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

The above plan of correction is approved as of 11/16/17
(Date)

Plan of correction implementation status as of 11/16/17
(Date)

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

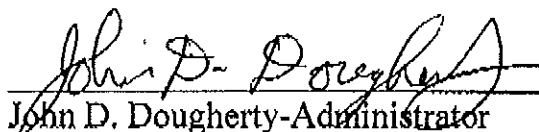
The above plan of correction was approved by *J*
(Initials)

P4p30K02 93

REGULATION
2600.224 (a)

The care home found the pre-admission forms after the inspection in a separate binder and has submitted them to the department. Attached are the pre-admission forms for resident's 14 and 15.

The administrator has eliminated the binder used to store the pre-admission forms and has returned to placing them in the individual file. In addition to stay in compliance with this regulation and ensure pre-admission screenings plus other forms are done timely the resident checklist will be placed on the cover of each resident folder, no longer inside the front cover. A staff training was conducted on pre-admission screening, medical evaluations and RASP's on 07-19-2017 (sign-in sheet attached).

 09-29-17

John D. Dougherty-Administrator

11-16-17 ✓

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - 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(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 #14 was admitted to the home on [redacted] 16. However, the resident's initial assessment was not completed until [redacted] 16.

Resident #15 was admitted to the home on [redacted] 17. However, the home has not completed an initial assessment for 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.

See page 3 (AOL 33)

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 *07-31-17*

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

The above plan of correction is approved as of <u>11-16-17</u> (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

Page 31A0173

REGULATION
2600.225 (a)

Resident 14's initial assessment was not completed until [REDACTED] 16 which is correct. Resident 15's initial assessment was completed [REDACTED] 17.
As a plan of correction the care home is implementing a review binder with both administrators and the manager that involves a checklist for all residents. This checklist will be reviewed by all three members prior to admission and within 7 days after admission to ensure all requirements are met to avoid future violations. Also a staff training was conducted on 07-19-2017 for Pre-Admission screening, Medical Evaluations and RASPS which focused on completion timelines.

John D. Dougherty 07-29-17
John D. Dougherty-Administrator

11-16-17

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulls, 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 #12's most recent assessment was completed on 9/4/15.

Resident #16s most recent assessment was completed on 7/6/15.

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

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

502 PCH 32A of 93

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>07-31-17</i>
--	----------------------

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The above plan of correction is approved as of 11-16-17
(Date)


The above plan of correction was approved by 4
(Initials)

Plan of correction implementation status as of _____
(Date)

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

REGULATION
2600.225 (c)

The care home as a plan of action is designing a template on the office computer of important dates for annual assessments for all current residents which is to be reviewed by the administrators and manager monthly plus added to the QMT meeting chart for review to comply with this regulation. The care home on 07-19-2017 conducted a staff training regarding timely and correct form completion for residents.

 07-29-17

John D. Dougherty-Administrator

Immediately: The administrator or designee shall update resident #12's assessment including the resident's assessment of writing correspondence. 11-8-17 ✓

Resident #16 had an assessment completed on 2/22/17. 11-8-17 ✓

Immediately: The administrator or designee shall review all resident records to ensure an assessment has been completed for all residents within the past year and all assessments are accurate and complete. 11-8-17 ✓

Immediately: The administrator or designee shall review all newly completed assessments for accuracy and completion. 11-8-17 ✓

11-16-17 ✓

JUL 31 2017

Violation Report: 44863 - 02/16/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 2/16/17, the following resident records did not contain a photograph:

- * Resident #3
- * Resident #17
- * Resident #18

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 33A of 33

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

John P. Dougherty

07-31-17

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

The above plan of correction is approved as of 11-16-17
(Date)

Plan of correction implementation status as of 11-16-17
(Date)

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

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

Page 37A0687

REGULATION
2600.252

Photographs of all three resident's were taken by the administrator but were not downloading correctly to the EMAR. The administrator contacted the care home's pharmacy and resolved the issue.

The administrator will continue the policy of taking photographs upon admission and contact the house pharmacy with any downloading issues as a plan of corrections.



John D. Dougherty-Administrator 09-29-17

11-16-17