



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Ms. Marcia Waite-Sokale, Administrator  
Evadney Scoggins  
1243 West Tioga Street  
Philadelphia, Pennsylvania 19140

RE: Scoggins Personal Care Home  
1245 West Tioga Street  
Philadelphia, Pennsylvania 19140  
License #: 140150

Dear Ms. Waite-Sokale:

As a result of the Department of Human Services' annual licensing inspection on August 11, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, 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: SCOGGINS PERSONAL CARE BOARDING HOME   |  | License Number: 14015 |
| Address: 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140                                    |  | County: Philadelphia  |
| Administrator: Marcia Waite-Sokale   |  | Region: SOUTHEAST     |
| Legal Entity Name: EVADNEY SCOGGINS  |  |                       |
| Legal Entity Address: 1243 WEST TIOGA STREET, PHILADELPHIA, PA 19140                       |  |                       |
| Certificate(s) of Occupancy<br>Other<br>08/06/2012<br>City of Philadelphia L&I             |  |                       |
| Staffing Hours<br>Resident Support: 0<br>Total Daily Staff: 21<br>Waking Staff: 16         |  |                       |
| Type of Inspection: Full<br>BHA Docket Number:   |  | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal   |  |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>08/11/2016: Gray, Dean |  |                       |
| Off-Site Inspection Dates and Inspectors, if Applicable                                    |  |                       |
| Other Details<br>Partial or Full Triggers: Random Indicators:                              |  |                       |
| Resident Demographic Data as of Inspection Dates   |  |                       |
| Licensed Capacity: 26  | Number of Residents who:                 |                       |
| Number of Residents Served: 21   | Receive Supplemental Security Income: 15 |                       |
| Secured Dementia Care Unit In Home: No   | Are 60 Years of Age or Older: 13         |                       |
| Area:  | Have Mental Illness: 18                  |                       |
| Secured Dementia Unit Capacity, if Applicable:   | Have an Intellectual Disability: 2       |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable:                   | Have a Mobility Need: 0                  |                       |
| Number of Current Hospice Residents: 0   | Have a Physical Disability: 2            |                       |
| Number of Hospice Residents in past year: 0  |  |                       |

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 08/11/2016 at 12:00 PM, agent of the Department, requested access to Staff Member A's employee file. The home was unable to provide the record for review.

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.

Immediate plan:

① All staff members file/folders will be kept in a locked box or cabinet thus they will be available when requested by the proper requester (in this case the agent of the DHS department.)

Future Plans:

The administrator or the designee will make sure no folders are ever placed on top of the file cabinet again. Records will be stored in locked cabinet or locked box until needed. Administrator and the designee are responsible for continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Waite-Sokal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 M. Waite-Sokal Admin      10/21/2016

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

The above plan of correction is approved as of 11/23/16  
 (Date)

Plan of correction implementation status as of 11/23/16  
 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION  
 Several errors were found in the home's financial management for resident #1;

- The home is using the DPW form titled "Quarterly Financial Summary" for both monthly and quarterly financial transactions causing confusion in the financial management.
- The home is not documenting the full amount of monthly Social Security benefits.
- The home is not documenting disbursement of the monthly personal needs allowance.
- The annual rebate was documented on the quarterly summary instead of on the sheet used for monthly transactions.
- The monthly Room & Board payment is initiated by a staff member and not the resident.
- The amounts listed on the quarterly financial summary sheet do not reflect the amounts listed on the form used for monthly tracking for the period of 04/01/16 thru 06/30/16.

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

(see attached)

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Walter-Schuele*

|  |                       |
|--|-----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Marcia Walter-Schuele Admin</i> | Date <i>11/7/2016</i> |
|--|-----------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>11/23/16</u><br>(Date)      | Plan of correction implementation status as of <u>11/23/16</u><br>(Date)  |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

200.20 (b)(1)

mediate plan:

- 1) Since there are no specific forms for monthly cash either from resident or POA's the home did strike out quarterly on 2600.20(b)(1) to reflect monthly amount received see attached resident # 1
- 2) The home does not receive benefits for resident #1 therefore we can only document what we actually received from the payor/ POA (see attached). We do not do personal allowance for resident #1 that is done by the POA.
- 3) The one rent rebate received was documented on the quarterly financial because the POA signs all financial records for resident #1
- 4) All rent rebate receipts will be double signed in the future by all residents.
- 4) Monthly room/board and services were initialled by [redacted] (POA) for resident we do not employ any staff with said initials
- 5) The administrator will now count all cash received from payors or POA's to reflect correct amount received. This will eliminate any error of incorrect receipts.

future Plans

- Administrator will change current form # 2600.20(b)(1) to say Monthly to reflect cash received from resident(s) or POA's (see attached). Rent Rebate will also be signed by residents
- Administrator will audit resident folders at least quarterly to ensure complete compliance.

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.


2a. DESCRIPTION OF VIOLATION  
 On 08/11/16 video recording in public areas and by entrances and exits was observed. The home does not have signs posted stating that areas of the home are being recorded.

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.

Immediate Plan: The administrator and the designee did go throughout the buildings and replace video surveillance in all the public areas. (see attached showing entrance, exits & hallways)

Future Plan: The Administrator has now decided to include video surveillance sign posting as part of the monthly training for all staff members. This will done on a continuous basis. Administrator is ultimately responsible for compliance in this area.

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


Signature of Legal Entity Representative (Required on EVERY Page)  


|   |                   |
|---|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page)<br>M. White-Sokale (Admin) | Date<br>11/7/2016 |
|---|-------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/23/16  
 (Date)

Plan of correction implementation status as of 11/23/16  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

- On 08/1/16 there were no direct care personnel at the home from 6:00 AM to 7:00 AM.
- On 8/4/16 there were no direct care personnel in the home from 7:00 PM to 8:00 PM.
- On 8/6/16 there were no direct care personnel in the home from 11:00 PM until 7:00 AM on 8/7/16.

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

Immediate Plan:

- 1) The administrator and the designee did re-vamp the schedule to ensure that there are overlaps at the beginning and ending of each shift.
- 2) Administrator will be pursuing a waiver for a current staff to be classified as direct care
- 3) Administrator is currently reaching out to agencies to get a "pool" of people who already have high school diploma or GED certification and can be trained as direct care staff for emergency or part time help.

Future Plan

Whenever there is any direct care staffing issues the administrator or the designee will also serve as a fill in. The administrator will be responsible for continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) M. Waite-Sokale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. Waite-Sokale (Admin) Date 11/7/2016

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

The above plan of correction is approved as of 11/23/16 (Date) Plan of correction implementation status as of 11/23/16 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

One live and one dead bedbug was observed on the fitted sheet of the 3rd bed, located on the woman's side; third floor. The home is aware of an ongoing issue with bed bugs.

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.

Immediate Plan:

- Peerless Pest Control was contacted while the inspector was still in the building.
- Since the inspection Peerless has been out at least 2 times to ensure no further problems. (see attached records)

Future Plan

- ① Peerless has been able to treat not only the one affected area, but the entire building
- ② Residents are being monitored more closely by all staff members whenever they enter the building(s), with bags.
- ③ Housekeeping staff have been trained to inspect the rooms/building daily for any problems
- ④ Any clothes coming into the home is inspected by staff at the entrance & all used items are run through the heated dryer
- ⑤ This is now part of staff training Monthly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*M. Waite-Sdeals*

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

M. Waite-Sdeals (Admin)

Date 11/7/2016

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

The above plan of correction is approved as of 11/23/16  
 (Date)

Plan of correction implementation status as of 11/23/16  
 (Date)

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

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

ued  
0-85(b)

M. Wark-Sokale

administrator/designee will continue to monitor  
~~or~~ give oversight to prevent further problems.

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION  
 The second and third floor bathrooms on the women's side did not have running hot water.

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.

Immediate Plan

The administrator did immediately reach under the sink and turn the water on. This was done while the inspector was still here.

Future Plans:

- 1) Administrator / Designer along with the house keeping staff will monitor daily to make sure the pipe is not turned off again.
- 2) Planned training all staff will be trained monthly ensuring that hot water is always available at the correct temperature in bathrooms, kitchen and laundry area of this home.
- 3) Administrator is responsible for continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Kucate-Sokal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. Kucate-Sokal (Admin)*      Date *11/7/2016*

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The above plan of correction is approved as of *11/23/16* (Date)

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

Plan of correction implementation status as of *11/23/16* (Date)

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION  
The mattress on bed #2, located in the third floor bedroom, on the men's side, had springs pushing through the top of the mattress.

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.

Immediate Plan

Administrator did replace the defective mattress on bed # 2 3 floor mens building. This was done 8/12/2016 bed was not occupied for inspection.

Future Plans

- 1) Mattress or any broken furniture will be replaced immediately. Administrator/Designee is responsible to ensure all items within the home are safe and secure.
- 2) Staff training will be conducted monthly instructing staff to report to administrator/Designee or maintenance person when furniture or fixtures are defective or damaged.
- 3) Administrator/Designee will purchase items as needed. Administrator will ensure continued compliance...

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *M. White Sobala*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) M. White Sobala (Admin)      Date 11/7/2016

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

The above plan of correction is approved as of *11/8/16*  
(Date)

Plan of correction implementation status as of *11/8/16*  
(Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

There are no bedside tables or shelves beside beds #1 and #4 in room #3 on the first floor, men's side.

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.

Immediate Plan

The administrator has made plans to have the maintenance person install shelves by the side of both these beds i.e. # 1 and # 4.

Both resident currently have dressers however they are not directly by the beds. The shelves will be installed by 11/15/2016 (See current pictures of the room).

Future Plans

Administrator/Designee will work with the maintenance staff to ensure all resident have a shelf in close proximity to their bed when dressers/table cannot be placed on the floor due to lack of space. This will be done by 11/15/16. Administrator/Designee is responsible ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Waite-Sakale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. Waite-Sakale (Admin)*      Date *11/7/2016*

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

The above plan of correction is approved as of *11/20/16* (Date)

Plan of correction implementation status as of *11/20/16* (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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

- Bed #1 located in the second floor bedroom at the top of the stairs; on the women's side, does not have a source of light that can be turned on/off from bedside.
- Bed #3 and #4 in bedroom #3 on the first floor, men's side do not have a source of light that can be turned on/off from bedside.

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

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

Immediate Plan a) Bed # 1 Women house  
 New lamps were purchased by the administrator. The lamp(s) are attached directly to the headboard thus the resident can control the light without getting out of bed. (see attached pictures)

b) Bed # 3 and # 4 in the men's house did also get new lamps which are attached to the beds and can be turned on or off by resident while in bed.

Future Plans: Administrator / Designer will purchase additional lamps as needed. Extra lamps are now stored in the home.  
 - Administrator / Designer responsible for continued compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. W. S. Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. W. S. Sokale (Admin)      Date 11/7/2016

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

The above plan of correction is approved as of 12/1/16 (Date)

Plan of correction implementation status as of 12/1/16 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION  
 The ceiling around the hot water pipe in room #7, located on the second floor men's side, is brown and in disrepair.

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

Immediate Plans: On 8/12/2016 the maintenance person did repair and paint the area around the hot water pipe in room # 7. (See attached pictures)

Future Plans:

- 1) The administrator/Designee will continue to train all staff on a monthly basis to document any problems notice while doing their regular work and to bring such problems to the attention of the Administrator/Designee or maintenance person.
- 2) Administrator/Designee will do monthly walk through of buildings and any problems will be fixed by maintenance or outsiders immediately

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. White-Soliale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. White-Soliale (Admin)      Date 11/7/2016

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

The above plan of correction is approved as of 12/1/16 (Date)

Plan of correction implementation status as of 12/1/16 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher on the first floor, men's side at the bottom of the steps, has not been inspected by a fire safety expert.

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.

Immediate Plan:

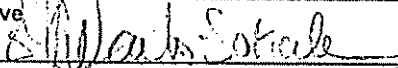
The fire extinguisher was inspected and tagged by a fire safety expert (see attached pictures)

Future Plans:

The administrator / designee will go through the properties annually with the fire safety experts to ensure all extinguishers are checked and tagged properly.


- Administrator is responsible for continued compliance
- Administrator / designee will also do oversight quarterly using the RCG. (infection)

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

Signature of Legal Entity Representative (Required on EVERY Page)  


|   |                   |
|---|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page)<br>M. Wank-Sotiale (Admin) | Date<br>11/7/2016 |
|---|-------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>12/1/16</u> (Date)  | Plan of correction implementation status as of <u>12/1/16</u> (Date)  |
| The above plan of correction was approved by  (Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

2600.10 cont'd

M. Waite-Sokal

Administrator / Designee will ensure complete  
Compliance.

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- On 8/1/16 through 8/11/16, resident # 2's medication administration record was initialed for the administration of Diovan 80mg, daily at 7:00 am. The medication was discontinued on 7/27/15. It is not listed as one of the medications for 7A administration and nor is it contained in the "Medicine - On -Time packaging. The home continued to document administration of the medication.

- On 8/1/16 through 8/11/16, resident # 2's medication administration record was initialed for the administration of Zyprexa 20mg, daily at 7:00 am. It is not listed as one of the medications for 7A administration and nor is it contained in the "Medicine - On -Time packaging. The home continued to document administration of the medication.

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.

Immediate Plan: 1) The administrator did call the pharmacy and PCP to verify resident correct medication in writing.  
 Problem (a) The home produces its own MAR(s). MAR had medication listed incorrectly. Medication on time had the correct medicine & Diovan was increased 7/27/15 the MAR was not corrected. MAR was corrected immediately by administrator (see attached).  
 - 2) Zyprexa 20 being signed out even though there was no such medicine (this was an error on the MAR produced by the home)

|   |                                   |  |           |
|---|-----------------------------------|--|-----------|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |  |           |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   |  |           |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   |  | Date      |
| M. White-Straub (Admin)   |                                   |  | 11/7/2016 |

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

The above plan of correction is approved as of 10/11/16  
 (Date)

Plan of correction implementation status as of 12/11/16  
 (Date)

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

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

26000 182 (c) cont'd

M. W. White ~~White~~

Future Plans:

Once the errors were discovered the administrator did immediately on 8/11/2016, change policy of how medications are received in the home - all medications MUST be accompanied by a delivery manifest detailing what is on the MOT (med on time)

2) Two trained staff members MUST check and compare the MOT to the manifest

3) The MOT MUST be check against the MAR for errors or discrepancies and correct them immediately. (See attach policies)

Continued Plan: — The administrator and trained medication staff will on a monthly basis audit all MOT and MARs to ensure continued compliance in all areas. The administrator is ultimately responsible for making sure medications are error free. Ongoing by administrator.

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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

The home's Medication Management Policy and Procedure, listed under Handling medications # 10 states "The discontinued medication must also be documented on the medication administration log with the prescribed information and date discontinued." On 8/1/16 through 8/11/16, resident # 2's medication administration record was initiated for the administration of Diovan 80mg, daily at 7:00 am. The medication was discontinued on 7/27/15.

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.

Immediate plans:

The proper documentation and changes were made on the MAR by a trained medication staff (see attached proof and documentation).

Future Plans:

The administrator and all medication trained staff will follow the current policies to ensure complete compliance. On a monthly basis the administrator along with med trained staff will compare pharmacy delivery manifest against the 'MOT' and 'MAR' to ensure compliance. Administrator will be ultimately responsible for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*M. Waite-Sohale*

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

M. Waite-Sohale (Admin)

Date 11/7/2016

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The above plan of correction is approved as of

12/1/16  
 (Date)

Plan of correction implementation status as of

12/1/16  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

- The medication administration record for resident #2 does not include Valsartan 160 mg.
- The medication administration record for resident #3 does not include Fluticasone Propionate Nasal Spray 50mcg; two sprays in each nostril twice daily.

**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.

*Immediate Plan:* 1) The MAR was corrected immediately to reflect Diovan (Valsartan 160mg not 80 mg for this resident) see attached MAR and PCP documentation.  
 2) Fluticasone was added to resident #3 MAR by 8/11/2016 (see attached)

*Future Plan:* All medication trained staff will retrain on our policies and amendments on a monthly basis to ensure accuracy and ensure compliance. Administrator will do training and ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. White Sobral*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. White Sobral (Admin)*      Date *11/7/2016*

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|  |  |
|--|--|
| The above plan of correction is approved as of <u>12/1/16</u><br>(Date)<br><br>The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | Plan of correction implementation status as of <u>12/1/16</u><br>(Date)<br><br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE, BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 On 8/9/16, at 7:00 PM, resident #3's Clozapine 100 mg was administered. Staff member B did not initial the MAR.

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.

Immediate Plans: Trained medication staff will continue to monitor MARs and NOT to ensure accuracy and compliance in all medication administration.

Future Plans: 1) All medication staff are now reminded to remain focused on medication administration irrespectively of any situation happening in the areas.  
 2) On going all trained staff will double check MAR's before filing away the folder after administration.  
 3) On a weekly basis administrator will audit records for accuracy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Wate-Sokole*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. Wate-Sokole (Admin)*      Date *11/7/2016*

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

The above plan of correction is approved as of *12/1/16*  
 (Date)

Plan of correction implementation status as of *12/1/16*  
 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #2 is prescribed Zyprexa 5 mg daily at bedtime. The home administered the medication 8/1/16 through 8/10/16 at 4:00 PM.  
 - Resident #3 is prescribed Spiriva HandiHaler, Inhale 1 capsule by mouth daily. The home administered the medication every Monday, Wednesday and Friday at 7:00 am.

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.

Immediate Plan: The administrator did contact the PCP to get proof that the MOI is correct for administration of Zyprexa at 4pm. (See attached PCP now indicating 4pm administration)

Future Plan: The home will remove 'at bedtime' for the MAR for this resident since it should read at 4pm per PCP. (see attached)

Administrator will continue to audit records weekly and monthly to ensure accuracy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. White-Sibacle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. White-Sibacle (Admin)      Date 11/7/2016

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

The above plan of correction is approved as of 12/1/16 (Date)

Plan of correction implementation status as of 12/1/16 (Date)

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

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

Violation Report: 14015 - 08/11/2016 - Gray, Dean  
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION  
The pre-admission screening form for resident #4, admitted 9/10/15, does not include a determination that the home can meet the service needs of the resident.

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

Immediate Plan: The administrator did check the appropriate box and dated it 8/11/2016 for this resident. (see attached)

Future Plan:

- 1) In the future Administrator/Designer will double check all forms filled by outside agencies and request changes once they are noticed.
- 2) Plan B The home will also complete their own screens on residents once they are here for up to 72 hours. Administrator/Designer responsible for completion

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. White Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) M. White Sokale Admin

Date 11/7/2016

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

The above plan of correction is approved as of 12/1/16 (Date)

Plan of correction implementation status as of 12/1/16 (Date)

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

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