



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Mr. James Cole,
Administrator
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
License #: 431210

Dear Mr. Cole:

As a result of the Department of Human Services' annual licensing inspection on March 1, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEW LIFE PERSONAL CARE		License Number: 4
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: James Cole		Region: WEST
Legal Entity Name: NEW LIFE PERSONAL CARE HOME INC		RECEIVED
Legal Entity Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy I-1 08/02/2000 McKeesport Zoning Administr		MAY 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Barone, Barbara; Georgoulis, Karen; Kimberland, Jon		
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: 18 Number of Residents Served: 17 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: 15 Are 60 Years of Age or Older: 4 Have Mental Illness: 9 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 1

MAY 14 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

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 order orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 10:00 am a green spiral notebook containing multiple resident's medical information, including blood glucose and blood pressure results, was unlocked, unattended and accessible on a shelf on the right side of the dining room.

The door leading to the basement office was unlocked. Resident records were unlocked, unattended and accessible on the office desk.

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.

03 all residents records will be locked and out of public access. WE removed the book ^{removed.} at time of inspect. I educated all of the staff on confidentiality and storage of resident records. A designated person will ~~daily~~ ^{weekly} check that all records are stored in a confidential locked manner.

The items cited in the violation were corrected at the time of inspection.


5-17-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. Cole Admin Date 4-22-17

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

The above plan of correction is approved as of <u>5-17-17</u> (Date)	Plan of correction implementation status as of <u>5-17-17</u> (Date)
The above plan of correction was approved by  (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

MAY 14 2017

Page 2 of 17

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
Residents have access a cordless telephone. However there is a second cordless telephone, on the same telephone line, that used to hear resident telephone conversations.

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

A public phone is installed for resident use and privacy will be achieved on a single phone on a separate line from the facility.
I will educate staff on privacy of phone use for residents.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *J. Gle Admin* Date *4-22-17*

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

Plan of correction implementation status as of 5-17-17
(Date)

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

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

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

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 2/17/17 the home served 17 residents, none with mobility needs. Accordingly, the home was required to provide a minimum 12.75 hours of direct care services during waking hours. However, only 5 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.

On 2/21/17 the home served 17 residents, none with mobility needs. Accordingly, the home was required to provide a minimum 12.75 hours of direct care services during waking hours. However, only 7 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.

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

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

The personal care hours will reflect the personal care hours I have created a weekly schedule which insures 75% of personal care services on wake hours.

At the end of week I will ensure that the 75% of personal care hours are provided during waking hours. This will be between 7A-11P.

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. 5-17-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. Gle admin* Date *5-22-17*

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MAY 14 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCI Name: NEW LIFE PERSONAL CARE

WEST PENNSYLVANIA 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 approximately 9:20 am, the water temperature in the second floor common bathroom measured 126.6 degrees Fahrenheit.

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

The water temp will be adjusted and monitored on a regular basis. AT THE TIME of Insp. The water was turned down. I have educated the staff that the water cannot exceed 120°. The Admin will check that the ^{water} temp will not exceed 120°. WEEKLY CHECKS will be done.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Gle admin Date 4-22-17

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Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The ramp leading to the first floor main entrance does not have a hand rail.

The emergency exit door on the left side of the building has one and a half steps. There is no handrail.

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

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

The ramp was uninstalled & I installed hand rail on both entrances. The admn will check monthly that front and side entrances has a secure hand rail

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

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

James Cole admn

Date 4-22-17

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(Date)

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(Date)

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(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 43121 - 03/01/2017 - Barone, Barbara
 PCH Name: NEW LIFE PERSONAL CARE

MAY 14 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The first floor sitting room contains the following furniture which was not in good repair:
 * The chair nearest the front door in front of the hearth has multiple tears on the seat covered by tape. The length of the tears are approximately 12" to 18".
 * The chair to the right of the hearth has a V-shaped area tape over tears on the seat, measuring approximately 4" wide by 8" long.
 * The couch on the right side of the room has a tear on the right arm rest measuring approximately 2" wide by 4" long with stuffing showing.
 * The couch across from the television has 4 tears on the right arm rest covered by tape. The length of the tears measure approximately 2" to 9". The left arm rest has a tear approximately 2" wide by 4" long with the stuffing exposed.

The dining room has 5 dining room chairs with multiple tears measuring approximately 3" to 12" in length with stuffing showing.

The blue armchair in the 2nd floor sitting area has a tear on the left arm rest measuring approximately 5" wide by 6" long with stuffing and framework.

The second floor bedroom to the left of the bathroom contains two dressers in disrepair.
 * The four drawer dresser on the right side of the room is missing a drawer pull on the 3rd drawer.
 * The three drawer dresser is missing the front face panel of the 3rd drawer.

The bathmats in the bathtubs on the first and second floor common bathrooms contain what appears to be mold on the top and sides of the bathmats.

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

All furniture was replaced, A complete inspection of facility will be done on a weekly basis. To ensure proper care of furniture, educate staff that all furniture will be in good repair and free of hazards - and clean at all times.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) James G. Ke admn Date 4/22/17

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MAY 14 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 the left side of the first floor bedroom off of the sitting room has a triangle shaped tear across the center top area measuring approximately 38" X 38" X 26" exposing the foam padding underneath.

The mattress on the right side of the first floor bedroom off of the sitting room has multiple tears on the top of the vinyl mattress covered by clear plastic sheeting. The tears measure approximately 1" X 63" long. The fiber and foam padding are exposed.

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

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

All mattresses have been replaced. There will be monthly inspections for damages of mattresses. The Admin checked each of the mattresses in the home.

Immediately: All staff persons shall be educated on reporting and or correcting any bed or mattress that are not clean, not in good repair or do not support the resident. Documentation of education shall be kept. 5-17-17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Cole Admin Date 4/22/17

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

MAY 14 2017

2a. DESCRIPTION OF VIOLATION

There is no mirror in the shared bedroom of residents #1, #2 and #3.

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.

Hand mirrors have been distributed and routine monitor for residents mirrors monthly. I will educate staff on checking for mirrors on a weekly basis. I will check and ensure that all residents have a mirror in their bedroom monthly.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Cole Date 4/22/17

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(Date)

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Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

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

The freezer section of the first refrigerator/freezer in the basement pantry contained the following food items that had been opened and resealed, however were not dated:
* A large bag of French Toast Sticks
* A 1/2 full large bag of French toast sticks
* A 1/2 full bag of sausage patties

The upright freezer in the basement pantry contained A large bag of undated chicken tenders.

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

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

All food supplies coming into facility will be moved and dated. All items in the violation were dated and marked on Day of inspection. All staff will be educated on dating ^{and} description of all food items. I will make sure that all food items will be dated and description on a weekly basis.

Immediately: The administrator or designee shall check all food storage areas at least weekly to ensure all food is stored off of the floor. 5-17-17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James GLE Date 4/22/17

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(Date)

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- Not Implemented

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

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagrams on the first and second floors do not indicate the location of the fire extinguishers and fire pull stations.

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

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

A new evacuation Diagram has been installed and posted with color coded description of fire extinguisher and pull stations location. I will monitor monthly that all evacuation diagrams are posted in the correct location on a monthly basis.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Cole Date 4/22/17

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Plan of correction implementation status as of 5-17-17 (Date)

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MAY 14 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION
The signaling alert device for a hearing impaired resident, #4 has not been approved 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.

~~This is a compliance item~~
I have contacted the FIRE expert to ensure that the safety device will alert the resident of a fire.

The administrator has ordered an alerting device for the resident which will be interconnected to the fire alarm system. After installation during the week of 5/22/17, the administrator shall obtain documentation from a fire safety expert approving the device and that the device will alert the resident of a fire alarm activation. 5-17-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
J. GLE Admin			4-22-17

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The above plan of correction was approved by <u>JG</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

MAY 14 2017

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Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

2a. DESCRIPTION OF VIOLATION

The Fire Drill Record does not include the exit routes used for drills conducted from 5/10/16 through 2/10/17.

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.

The new fire drill record is being used to show exits used at time of ^{the} drills. The admin will check monthly to ensure that all fire safety information is included on the form.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

James Cole

Date 4/22/17

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(Date)

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

MAY 17 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

The emergency exit door in the basement office does not have an exit sign.

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

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

A. Exit sign ~~will~~ has been attached to rear basement door

All exits have a exit sign.

Immediately: The administrator or designee shall check all exits monthly to ensure there is an exit sign present.

5-17-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Cole Date 4/22-17

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MAY 17 2017

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's most recent medical evaluation was completed on 11/2/15.

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.

That resident was evaluated by the VA and did not return with forms and VA did not cooperate with sending copy. We will transport the resident to the VA hosp and procure all forms at that time
resident #2. Had evaluation done on 3-7-17
I checked all residents records and they all had a medical evaluation ^{Completed} ~~corrected~~.
The Admin will check monthly for medical evaluations are done in a timely manner

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Gale Date 4/22/17

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

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

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

Plan of correction implementation status as of 5-17-17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

2600.226(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 #1's assessment, dated 10/25/16, does not include an assessment of the resident's dental needs, sensory needs or social and recreational 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.

All spaces on assessment form will be completed whether there is a present need or not.

Resident #1's ^{ASSESSMENT} ~~Assp~~ was corrected on day of inspection. I checked all resident's folders for completed assessments, I will have my assistant to go over assessment after I complete it.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.

5-17-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

James Cole

Date 4-22-17

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

Violation Report: 43121 - 03/01/2017 - Barone, Barbara
PCH Name: NEW LIFE PERSONAL CARE

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 #2's most recent assessment was completed on 11/25/15.

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.

We will transport the resident to the VA hosp and procure all documents at that time.

Resident. I did a assessment on [redacted] on 3-7-17.

I checked on resident records to be sure that all assessments were completed.

The administrator will check all records to be sure all assessments are done on time on a monthly basis.

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)

J. Cole

Date 4-22-17

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(Date)

Plan of correction implementation status as of 5-17-17
(Date)

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- Partially Implemented - Adequate Progress ✓
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- Not Implemented

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