



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LAFHEY HEALTH CARE SERVICES LLC
LEGAL ENTITY

To operate VICTORIA MANOR PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 100 ROSE COURT, OAKDALE, PA 15071
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 21, 2017 until June 21, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446421**

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 21 2017

Ms. Kathleen Krise
Administrator
Laffey Healthcare Services, LLC
801 Elm Spring Road
Pittsburgh, Pennsylvania 15243

RE: Victoria Manor Personal Care Home
100 Rose Court
Oakdale, Pennsylvania 15071
Certificate #: 446421

Dear Ms. Krise:

As a result of the Department of Human Services' licensing inspections on April 7, 2017; April 12, 2017; August 17, 2017 and August 18, 2017, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 446420 dated August 2, 2017 to August 2, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 2, 2017 to August 2, 2018 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
17	II	37	\$5	\$185	5 calendar days from mailing date of this letter
25(b)	II	37	\$5	\$185	5 calendar days from mailing date of this letter
225(a)	II	37	\$5	\$185	5 calendar days from mailing date of this letter
227(a)	II	37	\$5	\$185	5 calendar days from mailing date of this letter
227(d)	II	37	\$5	\$185	5 calendar days from mailing date of this letter
185(a)	III	37	\$3	\$111	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license or, a written request for an appeal must be received within 10 days of the date of this letter by:

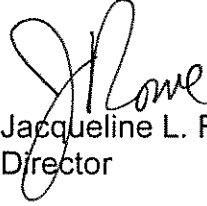
Jacqueline Rowe, Bureau Director
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Kathleen Krise

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital "J".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 44642
Address: 100 ROSE COURT, OAKDALE, PA 15071		County: Allegheny
Adminlstrator: Kathy Krise		Region: WEST
Legal Entity Name: LAFFEY HEALTH CARE SERVICES LLC		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/17/1997 Dept. of Labor and Industry		JUL 31 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Dally Staff: 41	Waking Staff: 31
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2017: Rahuba, Matt; Georgoulis, Karen 04/12/2017: Rahuba, Matt; Georgoulis, Karen		
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: 38	Number of Residents who:	
Number of Residents Served: 36	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 36	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 8		

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, from approximately 9:30 a.m. and 9:40 a.m., several records were unlocked, unattended and accessible at the staff desk, to include the following:

- * The electronic medication administration records (E-MAR's) were visible on the medication cart showing resident names and photographs, to include residents #1 and #2.
- * A binder on the desk labeled, "Bowel Record," with page one labeled, resident #3 April 2017.
- * A binder used to document the daily care needs of resident #4, to include toilet times and eating habits.
- * A hospice document for resident #5, which included the resident's date of birth and medication orders for Alprazolam 0.25mg.

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.

Staff have been educated on confidentiality and the administrator and on-duty med tech will make sure all records are kept in nurses station.

See page 2A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/28/2015 *etal*

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise - Admin.* Date *7/23/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, from approximately 9:30 a.m. and 9:40 a.m., several records were unlocked, unattended and accessible at the staff desk, to include the following:

- * The electronic medication administration records (E-MAR's) were visible on the medication cart showing resident names and photographs, to include residents #1 and #2.
- * A binder on the desk labeled, "Bowel Record," with page one labeled, resident #3 April 2017.
- * A binder used to document the daily care needs of resident #4, to include toilet times and eating habits.
- * A hospice document for resident #5, which included the resident's date of birth and medication orders for Alprazolam 0.25mg.

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.

Immediately: The administrator or a designated staff person will monitor the home daily on each shift to ensure all resident records are kept in an area that is locked. Documentation will be kept.

Have a locked med room, now med cart & all charts are in that room.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/28/2015 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date *11/30/17*

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

The above plan of correction is approved as of _____
(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

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 4/7/17, no carbon monoxide detectors were present in the home in accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16.

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.

Carbon Monoxide alarms were installed
(4) on 7/27/17. Administrator & designated
person will monitor in accordance with
manufacturer's instructions. *so* 12/1/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17
(Date)

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

Plan of correction implementation status as of 12/1/17
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST HESKETH FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #6's resident-home contract, dated [redacted] 17, was not signed by the resident or his/her designated person.

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.

Administrator will check all contracts for signatures had resident to sign on 4/13/17. If resident refuses or cannot sign, administrator will have a witness sign. And a signature from designated person of resident.

See Page 4A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 *etal*

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin.* Date *7/25/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #6's resident-home contract, dated [redacted] 17, was not signed by the resident or his/her designated person.

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.
Immediately: The administrator or designated staff person will review all resident records to ensure all signatures have been obtained for resident contracts, in accordance with 2600.25b. Documentation of review shall be kept.
Immediately: The administrator or designated staff person shall develop and implement a system to ensure a resident-home contract is completed with each newly admitted resident within 24 hours and all signatures indicated in 2600.25b are obtained. Documentation of the system shall be kept. All staff persons involved with the admissions process shall be educated on the new system.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST CHESTER COUNTY OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There is no statement signed by resident #6, admitted on [redacted] 17, or the resident's designated person that a copy of the resident's rights and complaint procedures were received.

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.

Residents rights were hanging on wall in room, also with contract. Administrator will see that all residents & designated persons have resident rights

See page 5A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krisc*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krisc / Admin* Date *7/25/17*

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

The above plan of correction is approved as of 12/1/17
(Date)

Plan of correction implementation status as of 12/1/17
(Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

There is no statement signed by resident #6, admitted on [redacted] 17; or the resident's designated person that a copy of the resident's rights and complaint procedures were received.

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.

Immediately: The administrator or designated staff person will review all resident records to ensure each resident has received a copy of the resident rights and there is documentation each resident and, if applicable, the resident's designated person have received a copy of the resident rights.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date

11/30/17

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

The above plan of correction is approved as of _____
(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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member B, hired 10/24/16, had not successfully completed and passed the Department-approved direct care training course and competency test. The staff person provided unsupervised ADL services to the residents on several occasions, to include the following dates: 4/6/17, 4/4/17, and 4/3/17.

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 administrator or designated person will monitor employees to see they complete the training course. Staff Member B successfully completed and passed the Department-approved direct care training course on 4/13/17. See page 6A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Trise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Trise Admin* Date *7/25/17*

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

<p>The above plan of correction is approved as of <u>12/1/17</u> (Date)</p> <p>The above plan of correction was approved by <u><i>SE</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>12/1/17</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SE</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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NOV 30 2017

Violation Report: 44842 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member B, hired 10/24/16, had not successfully completed and passed the Department-approved direct care training course and competency test. The staff person provided unsupervised ADL services to the residents on several occasions, to include the following dates: 4/6/17, 4/4/17, and 4/3/17.

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.

Immediately: The administrator or designated staff person will develop and implement policy and procedures to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
(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

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 3/25/08, only received 6 hours of annual training during the 2016 training year.

Staff person D, hired on 6/25/14, did not receive any annual training 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.

Staff persons C & D will be doing all mandatory training by Aug 11th and will also do their 2017 mandatory training by Dec. The administrator and designated person will see to it that all staff are educated on all training they must have.

See page 7A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17
(Date)

Plan of correction implementation status as of 12/1/17
(Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Staff person C, hired on 3/25/08, only received 6 hours of annual training during the 2016 training year.
Staff person D, hired on 6/25/14, did not receive any annual training 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.
Immediately: The administrator or designated staff person will review all direct care staff training records to ensure all direct care staff have received the required 12 hours of annual training in accordance with 2600.65e for each established training year. All trainings shall be reviewed during each Quality Management Review.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44642 - 04/07/2017 - Rahuba, Mail
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 3/25/08, did not receive annual training in the following topics during the 2016 training year:

- * Medication self-administration training
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Safe management techniques
- * Care for residents with mental illness or mental retardation. Currently, the home serves 1 resident with a diagnosis of mental illness.

Staff person D, hired on 6/25/14, did not receive annual training in the following topics during the 2016 training year:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Safe management techniques
- * Care for residents with mental illness or mental retardation. Currently, the home serves 1 resident with a diagnosis of mental illness.

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.

Staff persons C & D will be doing all annual training by Aug 11 and will do all of 2017 mandatory training. Administration or designated person will monitor. See page 8A of 33

Repeat Violation: <u>NO</u>	Date(s) of Previous Violation(s):	
-----------------------------	-----------------------------------	--

Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Kathleen Krise</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Krise / Admin</i>	<i>7/26/17</i>

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 3/25/08, did not receive annual training in the following topics during the 2016 training year:

- * Medication self-administration training
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Safe management techniques
- * Care for residents with mental illness or mental retardation. Currently, the home serves 1 resident with a diagnosis of mental illness.

Staff person D, hired on 6/25/14, did not receive annual training in the following topics during the 2016 training year:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Safe management techniques
- * Care for residents with mental illness or mental retardation. Currently, the home serves 1 resident with a diagnosis of mental illness.

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.

Staff person C completed training in infection control on 7/13/17.

Staff person D completed training in dementia on 2/23/17, infection control on 7/13/17 and personal care service needs of the resident on 4/3/17 and 8/10/17.

Immediately: Staff person C shall receive training in medication self-administration, safe management techniques and caring for residents with mental illness. Documentation shall be kept.

Immediately: Staff person D shall receive training in medication self-administration, instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques and caring for residents with mental illness. Documentation shall be kept.

Immediately: The administrator or designated staff person will review all current staff training records to ensure all staff persons receive the required trainings as specified in regulation 2600.65f during each established training year.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all direct care staff receive annual training in all topics specified in 2600.65f during each established training year. Documentation of system shall be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 3/25/08, did not receive annual training in the following topics during the 2016 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Falls and accident prevention

Staff person D, hired on 6/25/14, did not receive annual training in the following topics during th 2016 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Resident rights
- * The Older Adult Protective Services Act
- * Falls and accident prevention

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.

Staff persons C & D will finish all training for 2016 by Aug-11 and will do 2017 by Dec. Administrator and designated person will monitor to see all staff have completed

See page 9A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u><i>SK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SK</i> <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Malt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME
 NOV 30 2017

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 WEST REGION FIELD OFFICE
 Human Services Licensing

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person C, hired on 3/25/09, did not receive annual training in the following topics during the 2016 training year:
 * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
 * Emergency preparedness procedures and recognition and response to crises and emergency situations
 * Falls and accident prevention
 Staff person D, hired on 6/25/14, did not receive annual training in the following topics during the 2016 training year:
 * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
 * Emergency preparedness procedures and recognition and response to crises and emergency situations
 * Resident rights
 * The Older Adult Protective Services Act
 * Falls and accident prevention

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.

Staff person D completed training in resident rights and The Older Adult Protective Services Act (OAPSA) on 6/1/17.

Immediately: Staff person C shall receive training in fire safety, emergency preparedness, resident rights, OAPSA and falls and accident prevention. Documentation shall be kept.

Immediately: Staff person D shall receive training in fire safety, emergency preparedness and falls and accident prevention. Documentation shall be kept.

Immediately: The administrator or designated staff person will review all current staff training records to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive the required trainings as specified in regulation 2600.65g during each established training year.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive annual training in all topics specified in 2600.65g during each established training year. Documentation of system shall be kept.

Repeat Violation: NO	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (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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JUL 21 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's training records for the 2016 training year were incomplete. Several training logs did not indicate the names of staff trained, the date and duration of the training.

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 Administrator or designated person shall monitor the staff training monthly. He have started a binder to keep better track.

See page 10A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's training records for the 2016 training year were incomplete. Several training logs did not indicate the names of staff trained, the date and duration of the training.

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.

Within 30 days of the receipt of the plan of correction: The administrator or designated staff person will develop a record of training to document all staff training for all staff persons in accordance with regulation 2600.65i. The system will work in conjunction with the annual training plan to ensure all required trainings are completed and documented and contain all information indicated in 2600.65i. Documentation of the new record of training shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date

11/30/17

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

The above plan of correction is approved as of _____
(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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at approximately 10:35 a.m., the following poisonous materials, with manufacturer's labels indicating, "If swallowed, contact a physician or Poison Control Center" were unlocked, unattended and accessible to residents in a cabinet under the sink in the dining room:

- * 1-28oz. container of Ajax with Bleach
- * 1-32oz. spray bottle of Vigoroso Lavender Multi-Surface cleaner

On 4/7/17, between 9:00 a.m. and 2:45 p.m. there was a 1 gallon bottle of Sysco Reliance Bleach, with a manufacturer label indicating, "If swallowed, contact a physician or Poison Control Center" unlocked, unattended and accessible under the large double sink in the kitchen.

Residents of the home, including resident #10, have not been assessed capable to safely use and avoid poisons.

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.

Staff educated on poisonous materials and locks installed on cupboards

See page 11A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016, et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44842 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at approximately 10:35 a.m., the following poisonous materials, with manufacturer's labels indicating, "If swallowed, contact a physician or Poison Control Center" were unlocked, unattended and accessible to residents in a cabinet under the sink in the dining room:

- * 1-28oz. container of Ajax with Bleach
- * 1-32oz. spray bottle of Vigoroso Lavender Multi-Surface cleaner

On 4/7/17, between 9:00 a.m. and 2:45 p.m., there was a 1 gallon bottle of Sysco Reliance Bleach, with a manufacturer label indicating, "If swallowed, contact a physician or Poison Control Center" unlocked, unattended and accessible under the large double sink in the kitchen.

Residents of the home, including resident #10, have not been assessed capable to safely use and avoid poisons.

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.
Immediately: The administrator or designated staff person will monitor the home daily on each shift to ensure poisonous materials are not accessible to residents. Documentation will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen D. Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen D. Kruse / Admin* Date *11/30/17*

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST MICHIGAN FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 4/7/17, there was approximately 1/4" of dust accumulation covering the exhaust fan in the women's common bathroom.

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.

Administrator has added exhaust fans to Room Compliance list and shall check monthly to see they are being done.

See page 12A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kriss*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kriss / Admin* Date *7/26/15*

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

The above plan of correction is approved as of 12/1/17
(Date)

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

Plan of correction implementation status as of 12/1/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/7/17, there was approximately 1/4" of dust accumulation covering the exhaust fan in the women's common bathroom.

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.

Within 5 days of the receipt of the plan of correction: All staff persons will be educated on the importance of maintaining sanitary conditions and correcting or reporting any unsanitary conditions found. Documentation of education will be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date

11/30/17

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at 2:45 p.m., there was no lid on the 1/4 full trash can in the kitchen.

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 staff have been instructed on importance of trash being covered. Signs have been posted as reminders. Administrator will monitor

See Page 13A of 33

Repeat Violation: *NO*

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date *7/26/17*

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

The above plan of correction is approved as of

12/1/17
(Date)

Plan of correction implementation status as of

12/1/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SK*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SK
(Initials)

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2800

WEST REGION FIELD OFFICE

2800.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at 2:45 p.m., there was no lid on the 1/4 full trash can in the kitchen.

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.

Immediately: The administrator or designated staff person will monitor all kitchens and bathrooms at least weekly, to ensure all trash is kept in covered receptacles.

Within 30 days of the receipt of the plan of correction: All staff persons will be educated that all trash in kitchens and bathrooms must be kept in covered receptacles. Documentation of education will be kept.

Repeat Violation: <u>NO</u>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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	

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 4/7/17 at 10:30 a.m., the hot water temperature at the small dining room sink in the dining room, located on the counter with the microwave, measured 123.6° Fahrenheit.
 On 4/7/17 at 10:25 a.m., the hot water temperature at the sink in the men's common bathroom measured 124.8° Fahrenheit.
 On 4/7/17 at 12:50 p.m., the hot water temperature at the shampooing sink, located in the hair salon, measured 138.2° Fahrenheit.
 On 4/7/17 at 1:00 p.m., the hot water temperature at the bathroom sink of bedroom #6 measured 133.1° 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.

Hot water tanks were turned down immediately. Administrator or designated person will monitor. Have started a log, temps will be taken daily 7/26/17. Administrator will monitor.

See page 14A of 33

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SK</i> <input type="checkbox"/> Not Implemented

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2500.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at 10:30 a.m., the hot water temperature at the small dining room sink in the dining room, located on the counter with the microwave, measured 123.8° Fahrenheit.

On 4/7/17 at 10:25 a.m., the hot water temperature at the sink in the men's common bathroom measured 124.8° Fahrenheit.

On 4/7/17 at 12:50 p.m., the hot water temperature at the shampooing sink, located in the hair salon, measured 138.2° Fahrenheit.

On 4/7/17 at 1:00 p.m., the hot water temperature at the bathroom sink of bedroom #6 measured 133.1° 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.

Immediately: The temperature of the hot water in bedroom #6 shall be checked daily for 1 week to ensure the temperature does not exceed 120 degrees Fahrenheit.

Immediately: The administrator or designated staff person will monitor the water temperature of at least 3 sources accessible to residents on a weekly basis for 1 month to ensure the water temperature does not exceed 120 degrees Fahrenheit. Documentation will be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date *11/30/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the home's first aid kit, located at the staff station, was missing tweezers, scissors, gauze pads, adhesive tape, and eye coverings.

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.

Administrator has replenished first aid kit and will monitor to see that all contents are in at all times. List has been attached to first aid box.

See page 15A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Violation Report: 44842 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the home's first aid kit, located at the staff station, was missing tweezers, scissors, gauze pads, adhesive tape, and eye coverings.

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.

Immediately: Scissors and tape shall be added to the home's first aid kit.

Immediately: The administrator or designated staff person will check the first aid kit in the home at least twice per month and after each use to ensure all required items are included.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST BERTHOFF 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

On 4/12/17, the black rubber mat and the carpeting on the back patio overlapped by approximately 2 1/2", posing a potential tripping hazard.

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

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

Rubber mat and carpet have been re adjusted and are monitored everyday by all staff and administrators.

See page 16A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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
On 4/12/17, the black rubber mat and the carpeting on the back patio overlapped by approximately 2 1/2", posing a potential tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Immediately: The administrator or designated staff person will inspect the exterior of the building, building grounds and yard at least weekly to ensure all areas are in good repair and free of hazards.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krisc*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krisc / Admin* Date *11/30/17*

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The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, there were eight 5 gallon water bottles on the pantry floor behind the door. Also, there was a 5 gallon water bottle on the floor at the far end of the pantry near the freezer.

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.

Water is now sat on a small plastic shelf on floor. Pic attached. Administrator will monitor that food is not sat on floor.

See page 17A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *7/27/17*

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The above plan of correction was approved by <u><i>SK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>SK</i> <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/7/17, there were eight 5 gallon water bottles on the pantry floor behind the door. Also, there was a 5 gallon water bottle on the floor at the far end of the pantry near the freezer.

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.

Immediately, then weekly thereafter: The administrator or designated staff person will check all food storage areas to ensure food, including bottled water, is stored off of the floor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse / Admin

Date

11/30/17

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(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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, from 10:30 a.m. to 2:30 p.m., there was a 2 lb., 8 oz. package of Block & Barrel sliced turkey breast thawing in the sink without the use of cool running 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.

Turkey was thrown away immediately and cooks were instructed on food safety and the importance of proper thawing. Administrator and designated person will monitor.

See page 19A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *7/27/17*

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The above plan of correction is approved as of 12/1/17
(Date)

Plan of correction implementation status as of 12/1/17
(Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 65 Pa.Code §2800

WEST REGION FIELD OFFICE

Human Services Licensing

2800.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, from 10:30 a.m. to 2:30 p.m., there was a 2 lb., 8 oz. package of Block & Barrel sliced turkey breast thawing in the sink without the use of cool running 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.

Immediately, then weekly thereafter: The administrator or designated staff person will monitor food preparation to ensure the approved methods of food preparation, including thawing, are implemented.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse / Admin

Date

11/30/17

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the home served 37 residents requiring a minimum of 111 gallons of drinking water for a 3-day emergency supply. However, there were only 105 gallons of emergency drinking water on-site. The home does not have a contractual agreement with a vendor to provide emergency water delivery.

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 Administrator or designee will make sure "Crystal" water leaves 25 - 5 gal. bottles in stock in the grocery room. "Crystal" delivers monthly.

See page 20A of 33

Repeat Violation: *NO*

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise Admin

Date

7/27/17

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

The above plan of correction is approved as of

12/1/17
(Date)

Plan of correction implementation status as of

12/1/17
(Date)

The above plan of correction was approved by

SK
(Initials)

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

Violation Report; 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the home served 37 residents requiring a minimum of 111 gallons of drinking water for a 3-day emergency supply. However, there were only 105 gallons of emergency drinking water on-site. The home does not have a contractual agreement with a vendor to provide emergency water delivery.

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.

Immediately: The home will maintain a three day supply of water on-hand in the home for each resident or will obtain documentation from a supplier indicating the emergency water will be delivered immediately upon request. A minimum of one gallon of water per resident per day for 3 days must be available.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse/Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

On 4/7/17 and 4/12/17, the egress route from the right side of the building, located outside the emergency exit door next to bedroom #21 was blocked with the following items:

- * Several large red paving stones lying across the concrete path leading from the emergency exit door to the home's parking lot. The stones, stacked three high, were part of a collapsed retaining wall and covered approximately 85% of the path.
- * A green plastic dog leash was stretched across the path immediately in front of the paving stones. The end of the leash was also propped in the door way, preventing the door from fully closing.

On 4/12/17, a propane gas grill was blocking the left egress path leading from the home's rear patio around the building and to the parking lot. The grill was situated directly in front of the path and entirely blocking the means of egress.

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 grill was moved immediately the stones have been removed and stacked against building. The administrator and designated person will monitor. The green leash has been removed and the gas grill with propane tank have been removed also.

See page 21A of 33

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Krise</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Krise / Admin</i>	<i>7/27/17</i>

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u><i>SK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 65 Pa.Code §2600

WEST REGION FIELD OFFICE

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

On 4/7/17 and 4/12/17, the egress route from the right side of the building, located outside the emergency exit door next to bedroom #21 was blocked with the following items:

- * Several large red paving stones lying across the concrete path leading from the emergency exit door to the home's parking lot. The stones, stacked three high, were part of a collapsed retaining wall and covered approximately 85% of the path.
- * A green plastic dog leash was stretched across the path immediately in front of the paving stones. The end of the leash was also propped in the door way, preventing the door from fully closing.

On 4/12/17, a propane gas grill was blocking the left egress path leading from the home's rear patio around the building and to the parking lot. The grill was situated directly in front of the path and entirely blocking the means of egress.

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.

Immediately: The administrator or designated staff person will conduct a daily check of the home to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse / Admin

Date

11/30/17

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 4/7/17 at 12:00 p.m., there was a long, empty cardboard box and a cardboard box, containing a twin bed frame, stored directly against the hot water tank in the pantry across from bedroom #21.

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 boxes have been removed, staff educated on flammable materials by heat sources. Administrator or designated person will monitor at least weekly. SO 12/1/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/27/17*

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

The above plan of correction is approved as of 12/1/17
(Date)

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

Plan of correction implementation status as of 12/1/17
(Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

JUL 31 2017

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/12/17, a 22oz aerosol can of Sysco Pan Coating Concentrate was on the exterior left window sill of the home's back patio, and located approximately 20" from the propane grill. The label on the can indicated the contents were flammable.

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.

Propane tank and grill and aerosol can have all been removed from the patio, administrator and designated person will monitor at least weekly. SO 12/1/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/27/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the medical evaluation for resident #7, dated 9/24/16, is incomplete. It does not include the resident's height, weight, pulse rate, blood pressure, temperature, immunization history, special health or dietary needs, body positioning/movement, health status and cognitive functioning. These sections of the form are blank. Also, the medical evaluation does not include the name or license number of the professional who evaluated the resident and the medical professional's signature is not legible.
 On 4/7/17, the current medical evaluation for resident #8 does not indicate the date the resident was evaluated or the date the form was completed. Also, the medical evaluation does not include any diagnoses for the resident. This section of the form indicates "see diagnosis report"; however, no report was attached. The medical evaluation also does not include body positioning/movement. This section of the form was blank.

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 Administrator will immediately inform the physician that the medical evaluation needs to be completely filled out and signature is legible.

The administrator will have the medical professional complete the medical evaluation and fill in the blank areas. The medical professional will provide name, license number and a legible signature on the evaluation form.

The Administrator will ensure the medical professional fully completes and legibly signs medical evaluation forms before the form goes on the chart of residents.

Resident #8 passed away on [redacted] 17. ~~SO~~ 12/1/17
 Resident #7's medical evaluation has been updated. ~~SO~~ 12/1/17

See page 24A of 33

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17
 (Date)

Plan of correction implementation status as of 12/1/17
 (Date)

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

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) **WEST REGION FIELD OFFICE**
Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/7/17, the medical evaluation for resident #7, dated 9/24/16, is incomplete. It does not include the resident's height, weight, pulse rate, blood pressure, temperature, immunization history, special health or dietary needs, body positioning/movement, health status and cognitive functioning. These sections of the form are blank. Also, the medical evaluation does not include the name or license number of the professional who evaluated the resident and the medical professional's signature is not legible.
 On 4/7/17, the current medical evaluation for resident #8 does not indicate the date the resident was evaluated or the date the form was completed. Also, the medical evaluation does not include any diagnoses for the resident. This section of the form indicates "see diagnosis report"; however, no report was attached. The medical evaluation also does not include body positioning/movement. This section of the form was blank.

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.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all current medical evaluations to ensure completion, including a current list of medications. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be completed.

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

Printed Name and Title of Legal/Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 3/24/17, resident #8 returned to the home from skilled nursing care with a feeding tube inserted into the abdomen, with orders to feed the resident and administer medications through the tube. The home does not have staff qualified to provide this care, to include a physician, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. However, several staff indicated that unqualified staff members of the home were administering medications through the tube and providing assistance with the feeding, to include the following:
 * On 4/7/17 at approximately 11:40 a.m., agents of the Department observed staff member C administer Aspirin 81mg, 3 tabs via tube.
 * On 4/8/17 at 9:00 a.m., staff member E administered Clopidogrel F/C 75mg, 1 tab via tube.

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

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

Resident # 8 has passed away and is no longer in the facility.
 The home will not take Residents with a Feeding tube in the future.
 The home / Administrator will not accept Residents with Feeding tubes.

See Page 25A of 33

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
Kathleen Krise / Admin		7/26/17

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SK</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 3/24/17, resident #8 returned to the home from skilled nursing care with a feeding tube inserted into the abdomen, with orders to feed the resident and administer medications through the tube. The home does not have staff qualified to provide this care, to include a physician, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. However, several staff indicated that unqualified staff members of the home were administering medications through the tube and providing assistance with the feeding, to include the following:
 * On 4/7/17 at approximately 11:40 a.m., agents of the Department observed staff member C administer Aspirin 81mg, 3 tabs via tube.
 * On 4/8/17 at 9:00 a.m., staff member E administered Clopidogrel F/C 75mg, 1 tab via tube.

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.

Immediately: The home's description of services will be updated to indicate that residents with feeding tubes will not be admitted to the home.

Immediately: All staff persons involved in medication administration will be educated that the administration of IV's, medication via feed tube, and injections (other than insulin and epinephrine) is not permitted by non-medically licensed staff persons. Documentation will be kept.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (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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Violation Report: 44642 - 04/07/2017 - Rehuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 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

On 4/7/17 at 9:50 a.m., there were 2 unlocked, unattended and accessible prescription cards for resident #9's Doc-Q-lace 100mg on top of the staff desk area in an orange folder labeled "Express Meds." One card contained 21 tablets, the second contained 19 tablets.

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 administrator will immediately ensure that all medications will be kept locked up when unattended by med tech.

The staff passing medication will be reeducated on the procedure of locking up medication when away from medication cart.

The Administrator will have medication training yearly, observations every 6 months and education done by a certified medication trainer.

See page 26A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse / Admin Date 7/26/17

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

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

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

On 4/7/17 at 9:50 a.m., there were 2 unlocked, unattended and accessible prescription cards for resident #9's Doc-Q-lace 100mg on top of the staff desk area in an orange folder labeled "Express Meds." One card contained 21 tablets, the second contained 19 tablets.

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.

Immediately: The administrator or designated staff person will monitor the home at least daily to ensure prescription medications, OTC medications, CAM, syringes and controlled substances are kept in an area or container that is locked.

Repeat Violation: NO Date(s) of Previous Violation(s): 1

Signature of Legal Entity Representative
(Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kathleen Krise / Admin Date 11/30/17

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

RECEIVED

JUL 31 2017

Page 28 of 33

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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

Resident #7 is prescribed Estrace 0.01% cream-Apply topically every Monday at bedtime; however, on 4/12/17, the medication was not available in the home for administration.

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 administrator will immediately ensure medication is reordered and in the cart.

The Administrator will Review and go over the homes policy and procedures with medication techs.

The Administrator will provide on going education on medication Administration to medication techs.

See page 28A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of *12/1/17* (Date)

Plan of correction implementation status as of *12/1/17* (Date)

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

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

RECEIVED

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

RECEIVED
NOV 30 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

Resident #7 is prescribed Estrace 0.01% cream-Apply topically every Monday at bedtime; however, on 4/12/17, the medication was not available in the home for administration.

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.

Immediately: The administrator or designated person qualified to administer medications will complete an initial and monthly audit of the medication cart and prescription orders to ensure all medications are available in the home and available for administration. Documentation will be kept.

Within 30 days of receipt of the plan of correction: All staff persons administering medications will be re-educated on the home's policies and procedures for the safe storage, access, security, distribution and use of medications. Documentation of training will be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise/Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

RECEIVED

JUL 31 2017

WEST MICHIGAN FIELD OFFICE
Human Services Licensing

Violation Report: 44842 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Acetaminophen 325mg-Take 2 tablets every 4 hours as needed; however, the resident's April 2017 E-MAR indicates the order as Tylenol PM Extra Strength 500-25mg, take every 4 hours as needed.

Resident #6 is prescribed Bisacodyl 0mg suppository-Insert 1 suppository rectally every 24 hours as needed; however, this medication is not listed on the resident's April 2017 E-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.

The Administrator will immediately contact OmniCare Pharmacy to correct the medication Record.

The Administrator and medication techs will review MARs to ensure medication in cart match the medication orders.

The Administrator/Designee will provide education to medication Tech as to what goes on medication Record.

See page 29A of 33

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	

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 30 2017

Violation Report: 44842 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Acetaminophen 325mg-Take 2 tablets every 4 hours as needed; however, the resident's April 2017 E-MAR indicates the order as Tylenol PM Extra Strength 500-25mg, take every 4 hours as needed.

Resident #6 is prescribed Bisacodyl 0mg suppository-Insert 1 suppository rectally every 24 hours as needed; however, this medication is not listed on the resident's April 2017 E-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.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications will review all resident medication administration records (MAR)s monthly to ensure all prescribed medications are accurately documented on the MARs, to include the correct medication dosage and detailed sliding scale (when applicable).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Krise</i>	Date <i>11/30/17</i>
---	----------------------

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

The above plan of correction is approved as of _____
(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

RECEIVED

JUL 31 2017

Page 30 of 33

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

Resident #8 is prescribed Aspirin 81mg tab-Take 3 tabs via tube every day. On 4/7/17, staff member C documented the medication as being unavailable and not administered on the resident's April 2017 E-MAR; however, agents of the Department observed the medication being administered by this staff member.

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 Administrator / Designee will immediately coach staff member C on documenting Administration of medications.

The Administrator / Designee will monitor medication Techs pass medications to ensure proper procedure is followed during the Administration of medications.

The administrator / designee will provide yearly education to medication tech's and observations every 6 months by a certified medication trainer.

Resident #8 passed away on [redacted] /17.

See Page 30A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Malt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

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

Resident #8 is prescribed Aspirin 81mg tab-Take 3 tabs via tube every day. On 4/7/17, staff member C documented the medication as being unavailable and not administered on the resident's April 2017 E-MAR; however, agents of the Department observed the medication being administered by this staff member.

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.

Immediately: The administrator or designated staff person will observe and monitor the administration of resident medication and MAR documentation weekly, to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

RECEIVED

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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 #6 was admitted to the home on [redacted] 17; however, an assessment has not been completed.

Resident #7 was admitted to the home on [redacted] 16; however, an assessment has not been completed.

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 Administrator / Designee will immediately complete the Admission Assessment.

The administrator / designee will complete the Admission Assessment within the 15 day time frame.

The Administrator / designee will utilize Tabula Pro to keep track of and give reminders of when Assessments are due to be completed.

Assessments for residents #6 and #7 was completed on 4/10/17.

See page 31A of 33

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al 01/27/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *7/26/17*

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

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 #6 was admitted to the home on [redacted] 17; however, an assessment has not been completed.

Resident #7 was admitted to the home on [redacted] 18; however, an assessment has not been completed.

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.

Immediately: The home shall develop and implement a system to ensure each newly-admitted resident has an assessment, completed in its entirety, within 15 days of admission.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will check all resident records to ensure a current and accurate assessment is completed in its entirety and is present in each resident's record.

Within 30 days of receipt of the plan of correction: All staff persons involved with the completion of assessments will be educated that all newly-admitted residents shall have an assessment completed within 15 days of admission. Documentation of education will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al	01/27/2016 et al
-----------------------	-----------------------------------	------------------	------------------

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise/Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

RECEIVED

JUL 31 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home on [redacted] 7; however, a support plan has not been completed.

Resident #7 was admitted to the home on [redacted] 16; however, a support plan has not been completed.

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 Administrator/designee will immediately complete the support plan

The Administrator/designee will complete the support plan within the 30 day time frame

The Administrator/designee will utilize Tabula Pro to keep track of and give reminders of when support plans are due to be completed.

A support plan was completed for residents #6 and #7 on 4/10/17.

See page 32A of 33

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/17/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise Admin

Date

7/26/17

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

The above plan of correction is approved as of

12/1/17
(Date)

Plan of correction implementation status as of

12/1/17
(Date)

The above plan of correction was approved by

SK
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress *SK*

Not Implemented

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #6 was admitted to the home on [redacted] 17; however, a support plan has not been completed.
Resident #7 was admitted to the home on [redacted] 16; however, a support plan has not been completed.

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.
Immediately: The home shall develop and implement a system to ensure each newly-admitted resident has a support plan, completed in its entirety, within 30 days of admission.
Within 30 days of receipt of the plan of correction: The administrator or designated staff person will check all resident records to ensure a current and accurate support plan is completed in its entirety and is present in each resident's record.
Within 30 days of receipt of the plan of correction: All staff persons involved with the completion of support plans will be educated that all newly-admitted residents shall have a support plan completed within 30 days of admission. Documentation of education will be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (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

RECEIVED

JUL 31 2017

Violation Report: 44842 - 04/07/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST PHILADELPHIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #10, dated 5/12/16, indicates the resident receives hospice services; however, the support plan does not include the specific services provided or the frequency of services.

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

Includes 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 Administrator / Designee will immediately update the support plan to show why hospice services are needed.

The Administrator / Designee will ensure support plans are updated as Resident needs and treatments change.

Tabula Pro will be used to input and Reminders set of when support plans are due for renewal.

The Administrator / Designee will monitor tabula pro for when support plans are due for renewal.

See page 33A of 33

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/27/2016 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Krise

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

Kathleen Krise / Admin

Date

7/30/17

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

The above plan of correction is approved as of

12/1/17
(Date)

Plan of correction implementation status as of

12/1/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

[Signature]

NOV 30 2017

Violation Report: 44642 - 04/07/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The support plan for resident #10, dated 5/12/16, indicates the resident receives hospice services; however, the support plan does not include the specific services provided or the frequency of services.

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.

Immediately: Resident #10's support plan shall be updated to include the specific services and frequency of Hospice services.

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. Documentation of system shall be kept.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all current resident support plans for accuracy and completion including care and services provided by other agencies, such as Hospice.

Within 30 days of receipt of the plan of correction: All staff persons completing support plans will be educated regarding the completion and accuracy of support plans including the care and services other agencies, such as Hospice, will provide. Documentation of education will be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/27/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

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

PCH Name: VICTORIA MANOR PERSONAL CARE HOME		License Number: 44642
Address: 100 ROSE COURT, OAKDALE, PA 15071		County: Allegheny
Administrator: Kathy Krise		Region: WEST
Legal Entity Name: LAFFEY HEALTH CARE SERVICES LLC		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/17/1997 Dept. of Labor & Industry		OCT 24 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 08/17/2017: Rahuba, Matt; Georgoulis, Karen; Winters, Lynn 08/18/2017: Rahuba, Matt; Georgoulis, Karen; Winters, Lynn		
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: 38 Number of Residents Served: 37 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: 7 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

on 8/17/17 at 9:34 AM, the following resident information was unlocked, unattended and accessible in the staff work station, across from the dining room:

- * Resident #1's medication logs, dated 8/16/17
- * Hospice documentation for resident #2, including verbal medication orders
- * Medication document from Omnicare, dated 8/16/17, with clarifications regarding residents #1, #2, #3 and #4

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.

On 8-17-17 Administrator and Designee immediately secured all Records at the nurse's station that could be seen by others.

On 10-1-17 the administrator and designee moved the medication cart and Resident Records to a secured room to maintain compliance with Regulation 2600.17

on 8-18-17 The Administrator had inservice with staff to Review and Remind staff of Resident Rights and Confidentiality of Records.

The Administrator and or designee will have yearly training on Confidentiality of Records.

See page 2A of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse / Admin Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

on 8/17/17 at 9:34 AM, the following resident information was unlocked, unattended and accessible in the staff work station, across from the dining room;

- Resident #1's medication logs, dated 8/16/17
- Hospice documentation for resident #2, including verbal medication orders
- Medication document from Omnicare, dated 8/16/17, with clarifications regarding residents #1, #2, #3 and #4

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.

Immediately: The administrator or a designated staff person will monitor the home daily on each shift to ensure all resident records are kept in an area that is locked. Documentation will be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
(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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PGH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5's resident-home contract, dated [redacted] 17, was not signed by the resident or their designated person.

Resident #6's resident-home contract, dated [redacted] /16, was not signed by the resident.

Resident #7's resident-home contract, dated [redacted] 17, was not signed by 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.

On and By 8-19-17 Administrator and Designee had Residents Sign Contract immediately.

The Administrator and or designee will check contracts to ensure all signatures in place within 24 hours of Admission to the home to maintain compliance with Regulation 2600.25(b)

on 10-24-17 A New tab was added to Tabula Pro and will appear on the dashboard to Remind Staff to have all signatures on the Contract.

See page 3A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse / Admin

Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (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: 44642 - 08/17/2017 - Rahuba, Md NOV 30 2017
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600 - WEST REGION FIELD OFFICE
Human Services Licensing
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #5's resident-home contract, dated [redacted] 17, was not signed by the resident or their designated person.
Resident #6's resident-home contract, dated [redacted] 16, was not signed by the resident.
Resident #7's resident-home contract, dated [redacted] 17, was not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Resident #5's home-contract was signed by the resident on 8/17/17.
Resident #6's home-contract was signed by the resident on 6/18/17.
Resident #7's home-contract was signed by the resident on 8/19/17.
Immediately: The administrator or designated staff person will review all resident records to ensure all signatures have been obtained for resident contracts, in accordance with 2600.25b. Documentation of review shall be kept.
Immediately: The administrator or designated staff person shall develop and implement a system to ensure a resident-home contract is completed with each newly admitted resident within 24 hours and all signatures indicated in 2600.25b are obtained. Documentation of the system shall be kept. All staff persons involved with the admissions process shall be educated on the new system.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Matthew Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *11/30/17*

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

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PGH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
Human Services Licensing

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
Staff member A, hired 6/26/17, did not receive training in any topics specified in 2600.65a.

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.

On 8-22-17 Administrator had staff member A trained and sign the forms for state regulation 2600.65 a

Upon hire of new employees the administrator and or designee will ensure training is provided as per regulation 2600.65a

A check list has been initiated and attached to new hire package on 8-18-17

See page 4A of 17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Krise</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Krise / Admin</i>	<i>10/24/17</i>

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u><i>[Signature]</i></u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600
 WEST REGION FIELD OFFICE
 Human Services Licensing
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 (1) Evacuation procedures.
 (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 (5) The location and use of fire extinguishers.
 (6) Smoke detectors and fire alarms.
 (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Staff member A, hired 6/26/17, did not receive training in any topics specified in 2600.65a.

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.
 Immediately: The administrator or designated staff person will review all staff person training records, to ensure all new direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have received all required trainings as specified in regulation 2600.65a.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Krise / Admin</i>	Date <i>11/30/17</i>
---	----------------------

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

The above plan of correction is approved as of _____ (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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

OCT 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #8's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #9	8/11/17, 5:03 AM
	8/10/17, 4:58 AM
	8/9/17, 4:54 AM
Resident #10	8/5/17, 4:51 AM
	8/11/17, 5:01 AM
	8/9/17, 4:53 AM
	8/6/17, 1:12 PM
	8/6/17, 9:18 AM
	8/5/17, 12:42 PM
	8/5/17, 9:56 AM
	8/5/17, 4:44 AM

Resident #9's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #1	8/17/17, 7:22 PM
	8/17/17, 5:58 AM
Resident #8	8/16/17, 7:53 PM
	8/17/17, 7:38 PM
	8/17/17, 10:09 AM
	8/17/17, 5:59 AM
	8/16/17, 7:29 PM
	8/16/17, 2:39 PM
Resident #10	8/15/17, 7:45 PM
	8/15/17, 2:19 PM
	8/15/17, 9:53 AM
	8/17/17, 7:25 PM
	8/17/17, 10:14 AM
	8/17/17, 6:00 AM
	8/16/17, 7:03 PM
	8/16/17, 2:41 PM

Resident #10's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #1	8/18/17, 6:06 AM
Resident #8	8/16/17, 6:23 AM
	8/18/17, 6:07 AM
Resident #9	8/16/17, 10:13 AM
	8/18/17, 6:09 AM
	8/16/17, 6:19 AM

On 8/17/17, staff member F indicated the home uses the house glucometer or another resident's glucometer to measure blood glucose levels if a resident runs out of test strips.

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 Pages 6, 6A and 6B of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kathleen Krise</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Kathleen Krise / Admin	
		Date	10/24/17

RECEIVED

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt		OCT 24 2017	
PCH Name: VICTORIA MANOR PERSONAL CARE HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction implementation status as of <u>12/1/17</u> (Date)		
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented	<input type="checkbox"/> Partially Implemented - Adequate Progress	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>[Signature]</u>
	<input type="checkbox"/> Not Implemented		

On 8-18-17 Resident #1, 8, 9, 10 all received new glucometer and test strips. This was done by the administrator with no cost to the residents to maintain Regulation 2600.85a

On 8-18-17 Resident # 1, 8, 9 & 10 had their name put on the glucometer and the glucometer is used only for that specific resident.

On 10-5-17 Diabetic Training was done and the use of glucometer for each resident was reviewed.

Yearly diabetic training will be done for all staff that give medications and perform glucometer checks to be in compliance with state Regulation 2600.85a

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 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

Resident #8's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #9	8/11/17, 5:03 AM
	8/10/17, 4:58 AM
	8/9/17, 4:54 AM
Resident #10	8/5/17, 4:51 AM
	8/11/17, 5:01 AM
	8/8/17, 4:53 AM
	8/6/17, 1:12 PM
	8/6/17, 9:18 AM
	8/5/17, 12:42 PM
	8/5/17, 9:56 AM
8/5/17, 4:44 AM	

Resident #9's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #1	8/17/17, 7:22 PM
	8/17/17, 5:58 AM
	8/16/17, 7:53 PM
Resident #8	8/17/17, 7:38 PM
	8/17/17, 10:09 AM
	8/17/17, 5:59 AM
	8/16/17, 7:29 PM
	8/16/17, 2:39 PM
	8/15/17, 7:45 PM
Resident #10	8/15/17, 2:19 PM
	8/16/17, 9:53 AM
	8/17/17, 7:25 PM
	8/17/17, 10:14 AM
	8/17/17, 6:00 AM
	8/16/17, 7:03 PM
8/16/17, 2:41 PM	

Resident #10's glucometer was used to measure blood glucose levels for multiple residents on multiple dates, to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #1	8/18/17, 6:06 AM
Resident #8	8/16/17, 6:23 AM
	8/18/17, 8:07 AM
Resident #9	8/16/17, 10:13 AM
	8/18/17, 8:09 AM
	8/16/17, 8:19 AM

On 8/17/17, staff member F indicated the home uses the house glucometer or another resident's glucometer to measure blood glucose levels if a resident runs out of test strips.

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.

Immediately: Each resident's physician, for those that receive blood sugar testing, will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Immediately: The administrator or certified medication administration trainer/observer shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 3 months, after which each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Kruse / Admin</i>	Date <i>12/1/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

RECEIVED

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

OCT 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/17/17, the following items were stored on the kitchen floor to the left of the small handwashing sink:
* 1 case of Diet Pepsi
* 3 - 1 gallon bottles of 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.

On 8-17-17 The Administrator immediately removed the Diet Pepsi and water off the floor.

On 8-18-17 The Administrator initiated a daily check list for kitchen staff to follow to be in compliance with state regulation 2600.103 D

On 8-17-17 All kitchen staff educated on state regulation 2600.130D Food Services

See page 7A of 17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *10/24/17*

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

The above plan of correction is approved as of 12/1/17
(Date)

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

Plan of correction implementation status as of 12/1/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

RECEIVED

Violation Report: 44642 - 08/17/2017 - Raluba, Mall
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

NOV 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/17/17, the following items were stored on the kitchen floor to the left of the small handwashing sink:

- * 1 case of Diet Pepsi
- * 3 - 1 gallon bottles of 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.

Immediately, then weekly thereafter; The administrator or designated staff person will check all food storage areas to ensure food, including bottled water, is stored off of the floor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Kruse</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Kruse / Admin</i>	<i>11/30/17</i>

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

The above plan of correction is approved as of _____
(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

RECEIVED

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

OCT 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a: DESCRIPTION OF VIOLATION

On 8/17/17 at 10:55 AM, an uncovered 4 lb. container of margarine was sitting on the kitchen counter to the left of the double wall oven.

On 8/17/17 at 11:16 AM, the following items were open and unsealed in the double door stainless steel kitchen refrigerator:

- * 1/2 bag of salad mix
- * 12.3oz box of strawberry waffles
- * 2 - 2lb packages of precooked bacon
- * 3/4 loaf of Nickle's split top wheat bread

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.

On 8-17-17 The administrator immediately had kitchen seal and close items in the refrigerator.

On 8-17-17 All kitchen staff educated on state Regulation 2600.103g Food Service

On 8-18-17 The administrator initiated a daily check list for kitchen staff to follow to be in compliance with state Regulation 2600.103g

See page 8A of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Krise</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Krise / Admin</i>	<i>10/24/17</i>

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

The above plan of correction is approved as of 12/1/17
(Date)

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

Plan of correction implementation status as of 12/1/17
(Date)

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

RECEIVED

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.103(g) - Food shall be stored in closed or sealed containers.

NOV 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/17/17 at 10:55 AM, an uncovered 4 lb. container of margarine was sitting on the kitchen counter to the left of the double wall oven.

On 8/17/17 at 11:16 AM, the following items were open and unsealed in the double door stainless steel kitchen refrigerator.

- * 1/2 bag of salad mix
- * 12.3oz box of strawberry waffles
- * 2 - 2lb packages of precooked bacon
- * 3/4 loaf of Nickle's split top wheat bread

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.

Immediately, then weekly thereafter: The administrator or designated staff person will check all food storage areas to ensure all food is stored in closed or sealed containers.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Kruse</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Kruse / Admin</i>	<i>11/30/17</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There is no medical evaluation for resident #11, who was admitted [redacted] 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.

On 8-17-17 Administrator printed the medical evaluation from tabula pro to put in chart.

The Administrator/designee will print out medical evaluation and file them in chart upon completion.

The Administrator and or designee will check Tabula Pro dash board daily to ensure all medical evaluations are completed and printed out to be complete by due date.

See page 9A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 (2-9)

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krise / Admin

Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2800
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

WEST VIRGINIA FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 There is no medical evaluation for resident #11, who was admitted [redacted] 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.

Immediately: Resident #11's medical evaluation, dated [redacted] 17, shall be returned to the physician for completion, to include the resident's height and current medications.

Immediately: The administrator or designated staff person will review all new resident medical evaluations to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Kruse / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
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. Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 8/17/17 at 9:50 AM, resident #1's roll pack medications were unlocked, unattended and accessible on the desk to the left of the time clock in the staff station. The roll pack contained the resident's medications from 7/19/17 at 9:00 AM to 8/14/17 at 5:00 PM, to include the following:
* Januvia F/C 25mg, one tablet every day
* Namenda XR 28mg, one cap every day
* Citalopram HBR F/C 20mg, one tablet every day
* Metformin HCL 500mg, one tablet 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.

On 8-17-17 The administrator immediately corrected the situation and put medications in the medication cart.

The Administrator re educated staff on State Regulation 2600.183 b to ensure all medications are locked up.

On 10-24-17 A medication room was made to put the medication cart in to ensure all medications are secure and locked up per state regulation 2600.183 b

See Page 10A of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krise / Admin Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #12 is prescribed Acetaminophen 325mg - Take 2 tabs (650mg) by mouth every 8 hours as needed for mild pain; however, a bottle of Member's Mark Acetaminophen 500mg, labeled with the resident #12's name, was located in the home on 8/18/17.

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.

On 8-18-17 The Administrator immediately removed the bottle of Member's Mark Tylenol from the cart and ordered from pharmacy.

On 8-18-17 Administrator ordered Tylenol 325mg - Take 2 tabs by mouth every 8 hours as needed for mild pain from Omni Care.

On 8-18-17 A weekly check list initiated for med tech to complete on 11-7 shift to be in compliance with state regulation 2600.183 d.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krise / Admin Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

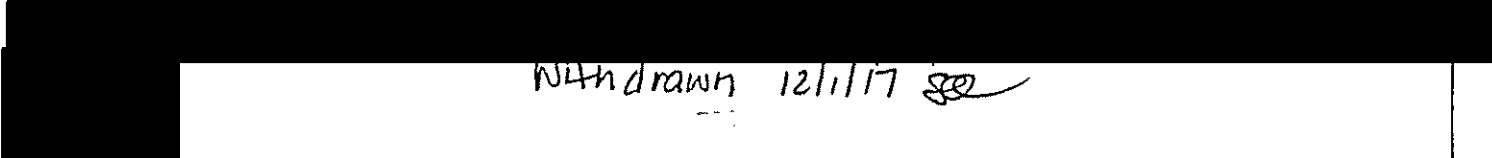
Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
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.
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Oxycodone-Acetaminophen 7.5-325mg - Take 1 tablet 3 times daily as needed for pain; however, on 8/17/17 the medication was not available in the home for administration.



On 8/18/17 at 6:09 AM, resident #9's blood glucose level was 162; however, the resident's August 2017 MAR indicates the resident's blood glucose level was 126.

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.

8-17-17 The Administrator immediately corrected the situation by having each shift do their own blood glucose testing.

On 8-18-17 Staff education done to be in compliance with State Regulation 2600.185a

On 8-18-17 The Administrator and designee initiated a daily check list to be in compliance with State Regulation 2600.185a

See Page 12A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krise / Admin

Date: 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress [Signature]
- Not Implemented

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

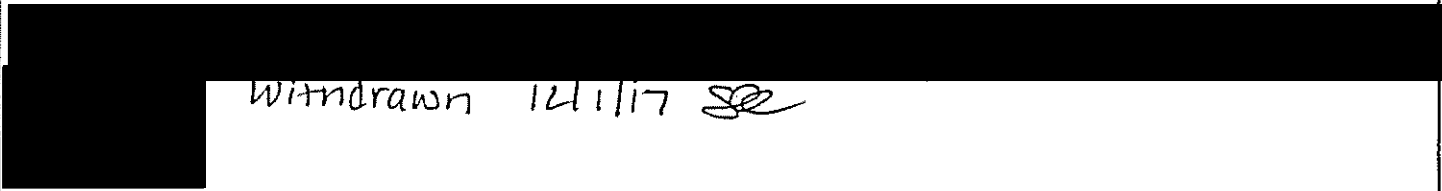
1. REGULATION 55 Pa.Code §2600

WEST CHESTER FIELD OFFICE
Human Services Licensing

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

Resident #5 is prescribed Oxycodone-Acetaminophen 7.5-325mg - Take 1 tablet 3 times daily as needed for pain; however, on 8/17/17 the medication was not available in the home for administration.



On 8/18/17 at 6:09 AM, resident #9's blood glucose level was 162; however, the resident's August 2017 MAR indicates the resident's blood glucose level was 126.

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.

Immediately: Resident #5's Oxycodone-Acetaminophen shall be delivered to the home unless discontinued in writing by the prescriber.

Immediately: The administrator or designated person qualified to administer medications will complete an initial and monthly audit of the medication cart and prescription orders to ensure all prescribed medications are available in the home and available for administration. Documentation will be kept.

Within 30 days of receipt of the plan of correction: All staff persons administering medications will be re-educated on the home's policies and procedures for the safe storage, access, security, distribution and use of medications, to include accurate documentation of blood glucose levels on the medication administration record (MAR). Documentation of training will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Rise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Rise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 Human Services Licensing
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Humalog 100 units/mL, to be administered per a sliding scale; however, on 8/18/17, the sliding scale was not listed on the resident's August 2017 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.

On 8-17-17 The Administrator put in Sliding Scale on Quick MAR immediately for resident # 8, 12/1/17

On 8-17-17 The Sliding Scale Icon was removed from Quick MAR and it was put in for All Med Tech's to follow and be in compliance with State Regulation 2600.187a

On 8-18-17 A daily check list initiated to ensure all information is on MAR per State Regulation 2600.187a See page 13A of 17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *10/24/17*

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

The above plan of correction is approved as of <u>12/1/17</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>12/1/17</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>80</i> <input type="checkbox"/> Not Implemented
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Violation Report: 44642 - 00/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Humalog 100 units/mL, to be administered per a sliding scale; however, on 8/18/17, the sliding scale was not listed on the resident's August 2017 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.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications will review all resident MARs monthly to ensure all prescribed medications are accurately documented on the MARs, to include the correct medication dosage and detailed sliding scale (when applicable).

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
Kathleen Krise / Admin			11/30/17

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 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 #6 is prescribed Metoprolol Tartrate 25mg - Take 1/2 tablet (12.5mg) by mouth twice daily; however the medication was not administered to the resident between 8/1/17 at 9:00 AM and 8/11/17 at 9:00 PM. There are no physician's orders to discontinue the medication.

[Redacted] Withdrawn 12/1/17

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.

On 8-17-17 The Administrator called the physician for Resident #6 and #9 for clarification of medication order.

On 8-18-17 The Administrator received clarification on medication order for Resident #6.

On 8-24-17 The Administrator received clarification on medication order for Resident #9

The Administrator Educated staff on state regulation 2600.187d and Daily check list and weekly check list to be completed by med tech's.

See page 14A of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse / Admin Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

Plan of correction implementation status as of 12/1/17 (Date)

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

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

RECEIVED

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

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

WEST PHEON FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Meloprolol Tartrate 25mg - Take ½ tablet (12.5mg) by mouth twice daily; however the medication was not administered to the resident between 8/1/17 at 9:00 AM and 8/11/17 at 9:00 PM. There are no physician's orders to discontinue the medication.

Withdrawn 12/1/17 *se*

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

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

Resident #6's Meloprolol Tartrate was discontinued by the prescriber on 8/18/17.

Immediately, then monthly thereafter: The administrator or designated staff person will review all resident prescription orders to ensure all prescriptions orders are current and are accurately documented on all resident MAR's.

Within 30 days of receipt of the plan of correction: All persons qualified to administer medications shall be educated regarding proper procedure to discontinue resident medication, including proper documentation on resident MARs. Documentation will be kept.

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

Signature of Legal Entity Representative / (Required on EVERY Page) *Kathleen Hise*

Printed Name and Title of Legal Entity Representative / (Required on EVERY Page) *Kathleen Hise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME
 OCT 24 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 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.
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 There is no assessment for resident #7, who was admitted on [redacted] 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.

On 8-17-17 The Administrator and designee immediately completed the assessment on Resident #7 and obtained Resident signature.

The Administrator and designee made a check list to ensure all forms and assessment are completed as per state Regulation 2600.225a

Tabula Pro will alert on the Dashboard to Remind Administrator and Designee of forms that need completed.

Page 15A of 17

Repeat Violation: Yes
 Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page)
Kathleen Kise

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Kathleen Kise / Admin Date 10/24/17

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

The above plan of correction is approved as of <u>12/1/17</u> (Date)	Plan of correction Implementation status as of <u>12/1/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>[Signature]</u> <input type="checkbox"/> Not Implemented

Violation Report: 44642 - 06/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 56 Pa.Code §2600 WEST REGION FIELD OFFICE
 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
 There is no assessment for resident #7, who was admitted on [redacted] /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.

Immediately; The home shall develop and implement a system to ensure each newly-admitted resident has an assessment, completed in its entirety, within 15 days of admission.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will check all resident records to ensure a current and accurate assessment is completed in its entirety and is present in each resident's record.

Within 30 days of receipt of the plan of correction: All staff persons involved with the completion of assessments will be educated that all newly-admitted residents shall have an assessment completed within 15 days of admission. Documentation of education will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/17/2016 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Kruse / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

There is no support plan for resident #7, who was admitted on [redacted] 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.

On 8-17-17 The Administrator and designee completed and had Resident participate in the support plan.

On 8-18-17 The Administrator and Designee created a check list for admissions to ensure all forms are completed in the time frame to be in compliance with State Regulation 2600.227a

Tabula Pro will alert on Dash board when forms are due to remain in compliance

See page 16A of 17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *10/24/17*

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

The above plan of correction is approved as of *12/1/17* (Date)

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

Plan of correction implementation status as of *12/1/17* (Date)

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

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION
 There is no support plan for resident #7, who was admitted on [redacted] 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.

Immediately: The home shall develop and implement a system to ensure each newly-admitted resident has a support plan, completed in its entirety, within 30 days of admission.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will check all resident records to ensure a current and accurate support plan is completed in its entirety and is present in each resident's record.

Within 30 days of receipt of the plan of correction: All staff persons involved with the completion of support plans will be educated that all newly-admitted residents shall have a support plan completed within 30 days of admission. Documentation of education will be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/17/2016 et al

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathleen Krise / Admin Date 11/30/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (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

Violation Report: 44642 - 08/17/2017 - Rahuba, Matt
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

OCT 24 2017

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Resident #12's support plan, dated 5/10/17, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #13's support plan, dated 5/5/17, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to 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.

On 8-17-17 The administrator pulled the support plan for Resident #12 and Resident #13 and Resident #13 signed and dated the support plan. Resident #12 was unable to sign due to her dementia and made a mark with witness present.

The administrator and or designee will have Residents either sign or make a mark when support plan is done to maintain compliance with State Regulation 2600.227g

Tabula Pro will Alert Staff when support plans are due to maintain compliance

See page 17A of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Krisey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Krisey / Admin Date 10/24/17

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

The above plan of correction is approved as of 12/1/17 (Date)

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

Plan of correction implementation status as of 12/1/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented [Signature]

Violation Report: 44642 - 08/17/2017 - Rahuba, Mall
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

NOV 30 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #12's support plan, dated 5/10/17, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.
 Resident #13's support plan, dated 5/5/17, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to 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.
 Immediately: Resident #12 & #13's support plan shall be signed by the resident or a notation shall be included if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.
 Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current support plans to ensure all persons who participated in the development have signed. A notation, including the date of notation, shall be made if a resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *11/30/17*

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

The above plan of correction is approved as of _____ (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