



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 21 2017

Ms. Cheryl Evans-Sensanbaugher  
Owner/Administrator  
Jack and Cheryl Evans Sensanbaugher  
P O Box 214  
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home  
503 Centennial Avenue  
New Galilee, Pennsylvania 16141  
License #: 417370

Dear Ms. Sensanbaugher:

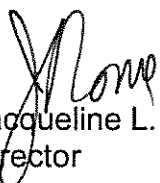
As a result of the Department of Human Services' annual licensing inspections on April 13, 2017 and July 19, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: EVANS PERSONAL CARE HOME		License Number: 41737
Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141		County: Beaver
Administrator: Cheryl Evans-Sensanbaugher		Region: WEST
<b>RECEIVED</b>		
Legal Entity Name: JACK AND CHERYL EVANS SENSANBAUGHER		
Legal Entity Address: P.O. BOX 214, NEW GALILEE, PA 16141		
Certificate(s) of Occupancy C-3 SP 02/10/1997 Labor & Industry		JUL 11 2017  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Working Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 04/13/2017; Grace, Desmond; Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 4 Have Mental Illness: 5 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

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JUL 11 2017

Page 2 of 22

Violation Report: 41737 - 04/13/2017 - Grade, Diamond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.26(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 6/14/16, and the contract for resident #3, dated 11/17/16, does not include the charges for holding a bed during hospitalization or other extended absence from the home.

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

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

Admin. or designee will Review ALL New Contracts At time of A New Admission To ensure ALL PAPERWORK is completed.

Resident #1's and resident #3's contracts were corrected. 10-23-17

Immediately: The administrator or designee shall audit all resident contracts for accuracy and completion including charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

10-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbaur*

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

Cheryl Sensenbaur

Date July 9, 2017

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

The above plan of correction is approved as of

10-23-17  
(Date)

Plan of correction implementation status as of 10-23-17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 88 Pa.Code §2800

2800.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #7 is assigned to take out trash for the home daily at a rate of \$15 per month, which had been paid at the beginning of the following month in addition to the resident's personal needs allowance. Resident #7 was not compensated for work performed in February or March of 2017.

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 #7 WAS PAID Feb. 2017 for trash Removal.  
Due to HEALTH REASONS he is UNABLE to continue to do TRASH REMOVAL.  
copy of Financial Record is enclosed showing he was compensated.

Immediately: If any resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws. 10-23-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaugher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugher      Date July 9, 2017

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The above plan of correction is approved as of 10-23-17 (Date)

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

Plan of correction implementation status as of 10-25-17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2800  
2800.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 20 hours of annual training in training year January 2016 to December 2016.

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.

Admin. Changed Training year from MAY to MAY  
A CLASS WAS SCHEDULED TO COMPLETE ALL  
TRAINING BUT DID NOT FALL IN THE MONTH  
THAT WAS NEEDED.

ADMIN WILL COMPLETE ALL TRAININGS FOR  
CONTINUING EDUCATION OF 24 HOURS FOR  
UPCOMING YEAR IN THE TIME FRAME NEEDED.

ENCLOSED ARE COPIES OF ALL TRAININGS

The administrator completed four hours of training.

Immediately: The home shall develop and implement a 2017 schedule of training for staff person B, the administrator, which includes a total of 24 hours of training to be completed by 5/31/18. The four hours used to make up training hours for the 2016 training year shall not be counted for the 2017 training year. 10-27-17 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensesbacher*

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

Cheryl Sensesbacher

Date July 9 2017

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(Date)

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(Date)

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- Not Implemented

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

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Violation Report: 41737 - 04/13/2017 - Grace, Daemond  
PCH Name: EVANS PERSONAL CARE HOME

JUL 11 2017

1. REGULATION 56 Pa.Code §2800  
2800.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/13/17 at 2:15 p.m., there were no paper towels, mechanical hand dryer, or other sanitary means for hand drying in the second floor 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.

Paper Towels were on the Shelf IN the upstairs Bathroom but had not been put into the Dispenser at time of inspection.

Admin, or Designee will check daily to ensure Towels are Available.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensesbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensesbaugh      Date July 9 2017

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The above plan of correction is approved as of 10-28-17 (Date)

Plan of correction implementation status as of 10-28-17 (Date)

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

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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JUL 11 2017

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond		WEST REGION FIELD OFFICE	
PCH Name: EVANS PERSONAL CARE HOME		Human Services Licensing	
1. REGULATION 56 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 There was an uncovered trash can in the common bathroom on the first floor across from the den and kitchen.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>ALL Trash Receptacles Are covered.</p> <p>A Personal Trash Container WAS in the Downstairs Bathroom At the time of Inspection.</p> <p>Admin. or Designee will check daily for personal containers to be in resident rooms NOT in the Bathroom.</p>			
Repeat Violation: No	Data(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaur			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaur			Date July 9 2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10-23-17</u> (Date)		Plan of correction implementation status as of <u>10-23-17</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The doorway at the upstairs shared bedroom of residents #5 and #8 had a 1/2 inch rise posing a trip hazard from the bedroom floor to the hallway tile.

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.

Carpet was removed from resident  
516, causing a trip hazard.

Admin. installed a new threshold  
to transition to the ceramic tile in  
the doorway to the hall.

Immediately: A designee shall check the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

10-27-17 y

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sansonbaugh*

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

Cheryl Sansonbaugh

Date July 9 2017

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(Date)

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(Date)

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- Not Implemented

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(Initials)

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.101(b) - Each shared bedroom must have at least 80 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

2a. DESCRIPTION OF VIOLATION

Residents #3, #4, and #7 reside in an upstairs bedroom and the square footage of the room is 143 square feet.

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 7 WAS moved to ANOTHER Bedroom which gives proper footage to this room for Residents 3 & 4.

Immediately: The administrator shall ensure all resident bedrooms are in compliance with regulation 2600.101(b). This includes when changing resident bedrooms or when additional residents are admitted to the home.

10-23-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh      Date July 9 2017

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The above plan of correction is approved as of 11-23-17 (Date)

Plan of correction implementation status as of 10-23-17 (Date)

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

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JUL 11 2017

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

2a. DESCRIPTION OF VIOLATION

Residents #3, #4, and #7 did not have access to a closet or wardrobe with clothing racks or shelves in the upstairs bedroom due to the administrator's family member's clothing occupying the areas.

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.

Admin & Designee removed personal items from closet and it is now used by residents that occupy this bedroom.

Immediately: The administrator or designee shall ensure each resident has a storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

10-23-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbauer Date July 9 2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>10-23-17</u> (Date)	Plan of correction implementation status as of <u>10-23-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Page 10 of 22

Violation Report: 41737 - 04/13/2017 - Graca, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf for resident #3's and resident #4's bed in the upstairs bedroom.

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.

There is A TABLE Between the residents  
Beds for Resident 3 & 4.

A Bedside TABLE had been at  
the bottom of the Bed But  
Admin. moved it Between the Beds.

Daily checks will be done to  
ensure Residents Do not move  
furniture.

Immediately: The administrator or designee shall ensure each resident has a bedside table or shelf.

10-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbarger*

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

Cheryl Sensenbarger

Date

July 9 2017

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(Date)

Plan of correction implementation status as of 10-23-17  
(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

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JUL 11 2017

Page 11 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

There is no mirror in the shared upstairs bedroom for residents #3, #4, #7, or the shared bedroom for residents #5 and #6.

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.

Admin. had painted the Bedroom  
and had not put the mirror back.

Daily checks will be done to  
ensure all items required in a  
Residents room are in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Senenbacher*

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

Cheryl Senenbacher

Date July 9 2017

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(Date)

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(Initials)

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The shared bedside lamp for resident #1 and resident #2 in their 1st floor bedroom was inoperable.

There was no bedside lighting that could be turned on at bedside in the upstairs bedroom for resident #3 and resident #4.

The shared bedside lamp for resident #5 and resident #6 in their upstairs bedroom was inoperable.

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.

Admin. will ensure ALL lamps are operable and available to residents. Residents were also instructed to leave lamps plugged in if they attempt to unplug for radios, tablets etc.

Bedside lamps were placed at each resident's bedside.

10/23/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbarger*

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

Cheryl Sensenbarger

Date July 9 2017

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(Date)

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PCH Name: EVANS PERSONAL CARE HOME  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
On 4/13/17 at 2:15 p.m., the sink in the second floor common bathroom had an empty soap dispenser.

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.

Soap Dispenser was empty  
But liquid soap was available which  
was on the Tub + some extra were  
stored in Bathroom.  
Residents were asked to leave one  
Bottle Accessible to Bathroom sink.

Immediately: The administrator or designee shall monitor the home weekly to ensure a dispenser of soap is available at each bathroom sink. 10-27-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl Sensenbaurger

Printed Name and Title of Legal Entity Representative  
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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
POH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 4/13/17, a white cat named 'Snowball' was present at the home. The home does not have a current certificate of rabies vaccination for the cat.

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.

(Snowflake)  
Snowball had an appt. for her RABIES  
Shot at time of inspection.

This was completed and copy is  
enclosed.

Admin. ensures any pets are vaccinated  
as needed, however she was a new  
kitten to the Personal Care Home.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl Sensenbarger      Date July 9 2017

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Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last inspection of the furnace was conducted on 1/26/16.

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.

Inspection was completed. 4-13-17  
Admin. will Review schedule for  
furnace inspection and MARK on  
CALENDAR to ensure July inspection is  
Done on time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbaur*

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

Cheryl Sensenbaur

Date July 9 2017

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

The above plan of correction is approved as of

10-23-17  
(Date)

Plan of correction implementation status as of 10-23-17  
(Date)

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

The above plan of correction was approved by

X  
(Initials)

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JUL 11 2017

Page 16 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 6/14/16. The resident did not receive a medical evaluation within 30 days after admission and the preadmission medical evaluation was completed on 2/18/16.

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.

Resident had resided in our personal home, re-admitted to Personal Care Home and it was an oversight to get a new med eval.

Residents will have only med evaluations done in the proper time frame.

Admin. developed a draft for all items to be done for new admissions.

Immediately: The administrator will review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation one shall be scheduled immediately. 10-23-17

Immediately: The administrator shall develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). 10-23-17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/28/2016 et al      10/25/2016

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Scansanbaugh

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Scansanbaugh      Date July 9 2017

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The above plan of correction is approved as of 10-23-17 (Date)

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- Fully Implemented
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- Not Implemented

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Page 17 of 22

Violation Report: 41737 - 04/13/2017 - Graco, Desmond PCH Name: EVANS PERSONAL CARE HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)			
2a. DESCRIPTION OF VIOLATION The medical evaluation for resident #3, dated 12/16/16, does not include height and temperature. The medical evaluation for resident #6, dated 3/9/17, does not include temperature and pulse.			
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.			
Per phone CALL Resident #3 height and Temperature WAS given to Admin. And Permission to fill IN. Omitted Numbers. Copy enclosed.			
Per phone CALL to Dr. permission WAS given to include Temp. + Pulse to Resident #6 med. EVAL. Copy enclosed.			
Review WAS Done to Staff that Dr's office completes ALL VITALS + INTO upon filling out med. EVAL. during office visit.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Cheryl Sensenbarger	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date July 9 2017	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10-29-17</u> (Date)		Plan of correction implementation status as of <u>10-29-17</u> (Date)	
The above plan of correction was approved by <u>K</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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JUL 11 2017

Page 18 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Deemond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION # Pa.Code §2800  
2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
On 4/13/17, Albuterol HFA 90 mcg for resident #3 was in the medication cart without a current prescription order.

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 #3 was a new Resident. ALL meds were in the med cart that Resident had been using from LTR unit, however Dr. did not give a Rx for continued use after discharge from unit and Primary Dr. overlooked giving a new Rx. Inhaler was disposed of and Admin. will contact Primary Dr. if Resident feels he needs it again in the future.

Immediately: A designated staff person qualified to administer medications will conduct an audit of resident prescriptions, physician orders and medications to ensure only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. 10-23-17 ✓

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Cheryl Sensenbaur

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Cheryl Sensenbaur      Date July 9 2017

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

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(Date)

Plan of correction implementation status as of 10-23-17  
(Date)

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(Initials)

- Fully Implemented
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JUL 11 2017

Page 19 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person A has not successfully completed the Department-approved medications administration course and the staff person administered the following medications to resident #3 on 4/6/17 and 4/8/17 at the following times:

- Omeprazole 20 mg at 8:00 a.m.
- Senna 8.8 mg at 8:00 a.m.
- Amlodipine Besylate 5 mg at 8:00 a.m.
- Lisinopril 20 mg at 8:00 a.m.
- Benzotropine 1 mg at 8:00 a.m.
- Clozapine 100 mg at 8:00 a.m. and 8:00 p.m.
- Doc-Q-Lace 100 mg at 8:00 a.m. and 8:00 p.m.
- Clonidine 0.1 mg at 8:00 a.m. and 8:00 p.m.

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

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

Staff person did not have original Test showing proof of med. TRAINING ADMIN. had Staff person Re-train for med. ADMIN. and copy of Training is enclosed.

Immediately: The administrator will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. 10-22-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbarger*      Date *July 9 2017*

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JUL 11 2017

Page 20 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Deamond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #3, dated 11/27/16, is incomplete for dental and writing correspondence. These sections of the assessment are 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.

Writing correspondence was checked  
Not applicable because resident doesn't  
correspond by mail. He is capable and doesn't  
need assistance so it is checked N/A  
Copy enclosed

Dental needs will be offered by P.C. Home  
as needed. Residents only needs prompted  
for oral care but refuses dental care at  
present.  
Copy enclosed

Resident #3's assessment was corrected. 11/23/17

Immediately: The administrator or designee shall review all resident assessments for accuracy and completion.

Repeat Violation: No      Date(s) of Previous Violation(s): 11-23-17

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbarger

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbarger      Date July 9 2017

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Violation Report: 41737 - 04/13/2017 - Grace, Deemond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.227(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 #3's initial support plan, dated 11/27/16, indicates the resident has supervision, medication, and tactile needs; however, the support plan does not indicate the home's plans to meet the needs or the frequency and responsible party for meeting those needs. These sections of the support plan are 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.

NONE - TACTILE NEEDS

Supervision - minimal only as to giving  
Direction as to where vehicle will be  
parked & time of pick up. He is able to  
shop on [redacted] own.  
Staff would assist.

Admin. will review all POC after completing  
to ensure all are completed.

Immediately: The administrator or designee shall review all resident support plans for accuracy and completion.

10/23/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sensenbarger*

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

Cheryl Sensenbarger

Date July 9 2017

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(Date)

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(Date)

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(Initials)

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JUL 11 2017

Page 22 of 22

Violation Report: 41737 - 04/13/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #8's annual support plan, dated 7/4/16, indicates the resident has medication and mobility needs; however, the support plan does not indicate the home's plans to meet the needs. The support plan also indicates the resident has agitation needs; however, the support plan does not indicate the home's plans to meet the needs or the frequency and responsible party for meeting those needs. These sections of the support plan are 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.

Resident requires minimal (mobile) needs  
Admin filled IN BLANK AREA to explain why  
and medications are stored IN med CART.

Admin. will review RASP and ensure ALL  
AREAS ARE filled IN unless MARKED N/A.

Copy  
enclosed

Resident #8's support plan was updated. 10/29/17

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a current support plan completed. 10-29-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cheryl Sensenbaugh*      Date *July 9 2017*

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

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(Date)

Plan of correction implementation status as of 10-29-17  
(Date)

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

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



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OCT 18 2017

Violation Report: 41737 - 07/10/2017 - Grace, Desmond		WEST BUCKINGHAM FIELD OFFICE																													
PCH Name: EVANS PERSONAL CARE HOME		Human Care Services Licensing																													
1. REGULATION 55 Pa. Code §2800 2800.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.																															
2a. DESCRIPTION OF VIOLATION The home manages the finances for Resident #1. The home does not have accurate documentation or accountability for the resident's transactions as follows:																															
<table border="1"> <thead> <tr> <th>Date:</th> <th>Deposit</th> <th>Withdrawn</th> <th>Balance</th> </tr> </thead> <tbody> <tr> <td>4-1-17</td> <td>\$88</td> <td>\$20</td> <td>\$60</td> </tr> <tr> <td>4-4-17</td> <td>\$0</td> <td>\$27</td> <td>\$33</td> </tr> <tr> <td>4-5-17</td> <td>\$0</td> <td>\$34</td> <td>\$34</td> </tr> <tr> <td>4-13-17</td> <td>\$0</td> <td>\$4</td> <td>\$30</td> </tr> <tr> <td>4-17-17</td> <td>\$0</td> <td>\$25</td> <td>\$5</td> </tr> <tr> <td>4-20-17</td> <td>\$0</td> <td>\$5</td> <td>\$0</td> </tr> </tbody> </table>				Date:	Deposit	Withdrawn	Balance	4-1-17	\$88	\$20	\$60	4-4-17	\$0	\$27	\$33	4-5-17	\$0	\$34	\$34	4-13-17	\$0	\$4	\$30	4-17-17	\$0	\$25	\$5	4-20-17	\$0	\$5	\$0
Date:	Deposit	Withdrawn	Balance																												
4-1-17	\$88	\$20	\$60																												
4-4-17	\$0	\$27	\$33																												
4-5-17	\$0	\$34	\$34																												
4-13-17	\$0	\$4	\$30																												
4-17-17	\$0	\$25	\$5																												
4-20-17	\$0	\$5	\$0																												
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.																															
<p>Admin. will have a Staff Member Recheck The Financial Records as to prevent ANY MATH ERRORS.</p> <p>Resident will sign after second Review is done to insure proper Balance.</p>																															
Immediately: The administrator or designee shall reconcile all resident accounts, for whom the home is providing financial management for 2017 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1). Any funds owed to residents shall be immediately refunded.																															
Repeat Violation: No		Date(s) of Previous Violation(s):																													
Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh																															
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh			Date 10-13-17																												
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Page 3 of 9

Violation Report: 41737 - 07/19/2017 - Grace, Dasmond POH Name: EVANS PERSONAL CARE HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2800 2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.			
2a. DESCRIPTION OF VIOLATION The ceiling fan in the first floor common restroom did not have a cover. There was an approximately 12" X 12" area with exposed electrical wires.			
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.			
<p>BATHROOM HAD BEEN FRESHLY PAINTED PREVIOUS NIGHT.</p> <p>FAN COVER WAS PUT BACK IN PLACE DURING INSPECTION.</p> <p>ADMIN. WILL ENSURE COVERS ARE PUT BACK IMMEDIATELY AFTER FUTURE CLEANING OR REPLACEMENTS TO ENSURE SAFETY.</p>			
Immediately: A designee shall check the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Cheryl Sensesbaugh</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Cheryl Sensesbaugh		10-13-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of <u>10-25-17</u> (Date)		Plan of correction implementation status as of <u>10-27-17</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 ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

10-23-17 ✓

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Violation Report: 41737 - 07/19/2017 - Graco, Desmond  
 PCH Name: EVANS PERSONAL CARE HOME  
 WEST PENNSYLVANIA OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's bedroom window has a 20" diagonal crack on left lower corner of the upper portion of window.

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.

Window was Replaced and weekly checks will be done to assess for any repairs that need to be done immediately.

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept. 10-23-17

Photo enclosed

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cheryl Senanbaugh*

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

Date *10-13-17*

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

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Plan of correction implementation status as of 10-23-17  
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The above plan of correction was approved by *CS*  
 (Initials)

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Page 5 of 9

Violation Report: 41737 - 07/19/2017 - Grace, Desmond		WEST REGION FIELD OFFICE	
PCH Name: EVANS PERSONAL CARE HOME		Human Services Licensing	
1. REGULATION 66 Pa.Code §2800 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.			
2a. DESCRIPTION OF VIOLATION There were two 3' by 2' straw floor mats in the entranceway to resident #1's and resident #4's room. The floor mats are not secured to the floor and pose a trip and fall 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.			
<p>Door Jamb's were INSTALLED to cover the gap from floor to hallway.</p> <p>Hand grips are also INSTALLED to help to keep from a trip HAZARD to the transition to the hallway.</p> <p>Immediately: A designee shall check the home at least weekly to ensure all bedroom walls, floors and ceilings, which are finished, are clean and in good repair. 10-28-17</p>			
Photo enclosed			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Cheryl Jensenbaugher</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	10-13-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

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OCT 18 2017

Page 6 of 8

Violation Report: 41737 - 07/10/2017 - Graco, Deamond PCH Name: EVANS PERSONAL CARE HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 58 Pa.Code §2800 2800.141(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.			
2a. DESCRIPTION OF VIOLATION Resident #14 admitted was admitted to the home on 6/18/17. However, the resident's initial medical evaluation was not completed until 8/28/17.			
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.			
<p>Resident was hospitalized and an Appt. had to be Rescheduled for Med EVAL. Admin. explained the Home would be IN violation if not completed By 6/18/17 however the soonest Appt. was 6/28/17. Admin. will continue to follow Regulation for future med. eval. to be done in timely MANNER.</p> <p>Immediately: The administrator will review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation one shall be scheduled immediately. 10-2917 ✓</p>			
Repeat Violation No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)		Cheryl Sensenbaurer	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Cheryl Sensenbaurer	
		Date 10-13-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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OCT 18 2017

Page 7 of 9

Violation Report: 41737 - 07/19/2017 - Grace, Desmond  
POH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2800  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5 medical had a medical evaluation completed on 3/24/17. However the documentation of the medical evaluation does not include the resident's ability to self-administer medication.

Resident #8 had a medical evaluation completed on 2/9/17. However the documentation of the medical evaluation does include the resident's temperature.

Resident #3 had a medical evaluation completed on 3/3/17. However, the documentation of the medical evaluation does not include the resident's pulse rate.

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 designee shall review all current medical evaluations to ensure medical evaluations are completed accurately. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Resident #5 Per phone call - oral order given 10-23-17  
to L.P.N. Heather Whorric for self admin.

Resident #6 - DR. office, per phone call stated they only do Temp. on "Sick visit"  
No Temp was Recorded.

Resident #3  
DR. office did NOT TAKE & RECORD Pulse.  
ALL Reviews will be done on medical EVAL.  
By Admin & one Staff Person to ensure  
ALL form is complete.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Seasmoughen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Seasmoughen Date 10-13-17

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

The above plan of correction is approved as of <u>10-23-17</u> (Date)	Plan of correction implementation status as of <u>10-23-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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OCT 18 2017

Violation Report: 41737 - 07/18/2017 - Grace, Desmond FCH Name: EVANS PERSONAL CARE HOME		WEST VIRGINIA 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 # 3 is ordered Lithium Carbonate ER 450 mg by mouth twice a day. The resident's July 2016 medication administration record (MAR) was not initialed by the staff member who administered the medication on 7/17/17 and 7/18/17 at 8:00 p.m.  Resident #4 is ordered Ranitidine 150mg take one tablet by mouth twice a day. On 7/11/17 at 8:00 p.m., direct care staff person A initialed the resident's Mar as administering the medication. However the resident was not in the home and not administered the medication at that time.  Resident #4 is ordered Venlafaxine ER 75mg by mouth daily. The resident's July 2016 medication administration record (MAR) was not initialed by the staff member who administered the medication on 7/18/17 at 8:00 a.m.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>		
<p>Resident #3 - Self Administers - he HAD this dose, however a Review WAS Done for MED TRAINING to ensure the MAR Needs to be checked and Rechecked After dispensing meds to Resident. Review with Admin. Monthly.</p> <p>Resident #4 is no longer in the home 10-18-17</p> <p>Resident #4 was given his medication AND oversight in NOT signing the MAR. Review was done on importance of signing for each medication given.</p> <p>Resident takes his medication with him when leaving for the DAY. Resident is to sign that they received medication for the DAY - Not Staff.</p>		
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
Cheryl Sensenbaugher		10-13-17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of	<u>10-27-17</u> (Date)	Plan of correction implementation status as of <u>10-27-17</u> (Date)
The above plan of correction was approved by	<u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Immediately: A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration.

6-28-17

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OCT 18 2017

Page 9 of 9

Violation Report: 41737 - 07/19/2017 - Grace, Desmond  
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services License #11

1. REGULATION 88 Pa.Code §2800  
2800.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION  
Resident's annual support plan, dated 6/23/17, does not include the services the home will provide the resident to meet the resident's need for assistance with medication 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.

Rasp has Description of Needs to Be met.  
Admin. will Review Rasp Before Signing to ensure all Items Are complete

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a current support plan completed. 10-23-17

Copy enclosed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cheryl Sansonbaugh*

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

Cheryl Sansonbaugh

Date

10-13-17

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

The above plan of correction is approved as of

10-23-17  
(Date)

Plan of correction implementation status as of

10-23-17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)