



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to HUMAN SERVICES CENTER  
LEGAL ENTITY

To operate CARITAS  
NAME OF FACILITY OR AGENCY

Located at 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ 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 11  
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 September 22, 2017 until March 22, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **441331**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
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:** SEP 22 2017

Mr. Dennis W. Nebel,  
Psy.D. Executive Director  
Human Services Center  
130 West North Street  
New Castle, Pennsylvania 16101

**RE:** Caritas  
2282 Old Princeton Road  
New Castle, Pennsylvania 16101  
License #: 441331

Dear Mr. Nebel:

As a result of the Department of Human Services' (Department) licensing inspections on April 14, 2017, July 27, 2017, July 28, 2017 and August 11, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #441330 dated June 3, 2017 to June 3, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 3, 2017 to June 3, 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 Licensing Inspection Summary must be corrected by the dates specified on the Licensing 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 violations 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)
65f	II	11	\$5	\$55	5 calendar days from mailing date of this letter
187b	II	11	\$5	\$55	5 calendar days from mailing date of this letter
20b6	III	11	\$3	\$33	15 calendar days from mailing date of this letter
26a	III	11	\$3	\$33	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 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, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Dennis W. Nebel

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 "J" being particularly large and stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



RECEIVED

JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

At 9:30 AM, the resident privacy coding document, including the names of residents #1, #2 and #3, was posted on the bulletin board across from the front office along with the licensing inspection summary (LIS), dated 4/22/16 et al.

At 9:30 AM, the resident privacy coding document, including the name of resident #4, was posted on the bulletin board across from the front office along with the LIS, dated 1/20/17.

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 last page of both LIS' were removed the day of inspection. In the future, the Administrator will remove the privacy coding document prior to posting the LIS on the bulletin board.

See Page 2A of 33

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/22/2016 et al.

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Kim Perrino

Date 7/17/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

RECEIVED

SEP 15 2017

Page 2 of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGIONAL 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

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At 9:30 AM, the resident privacy coding document, including the name of resident #4, was posted on the bulletin board across from the front office along with the LIS, dated 1/20/17.

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, then daily thereafter: A designated staff person shall inspect the home to ensure all resident medical information, to include resident privacy coding documents attached to any posted licensing inspections summaries, is kept in an area or container that is locked.

Immediately: All staff persons shall be educated on the importance of maintaining resident confidentiality and that all resident medical information, to include resident privacy coding documents attached to any posted licensing inspections summaries, is kept in an area or container that is locked. Documentation of the education shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/22/2016 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

John Bumpus

Date 9/15/2017

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 20 2017

WEST HERRON FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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 06/23/16, 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. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

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 detectors were present at the time of inspection and are still present in every room of the home.

Immediately: A designated staff person shall inspect and service all carbon monoxide detectors in accordance with the manufacturer's instructions.

*[Signature]*  
9/15/17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/22/2016 et al.

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date 7/17/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
 PCH Name: CARITAS

JUL 20 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home provides financial management and holds funds for resident #4. The home has not offered the resident an interest-bearing account since 4/18/16. The resident had over \$200 in his/her account since 4/18/16.

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.

At the time of inspection I was unable to locate the document stating that resident # 4 was offered an account at a bank. This documentation is attached.

See Page 4A of 33

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al.

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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 type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <u>[Signature]</u>

RECEIVED

SEP 15 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa. Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home provides financial management and holds funds for resident #4. The home has not offered the resident an interest-bearing account since 4/18/16. The resident had over \$200 in his/her account since 4/18/16.

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.*

Immediately: All residents for whom the home is providing financial assistance, including resident #4, shall be notified and offered assistance in establishing an interest-bearing account in the resident's name if the home is holding more than \$200 for the resident for more than 2 consecutive months. Documentation shall be kept in the resident's record if the resident refuses the interest-bearing account.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 *etal*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Bumpas*      Date *9/15/2017*

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 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
The home has not conducted a quality management review within the last 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.

There was a quality management review on 5/25/16, please see attached. The administrator will keep all meeting minutes in a convenient area so that they are available upon request of OHS.

See Page 5A of 33

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

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

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(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne PCH Name: CARITAS	RECEIVED
1. REGULATION 55 Pa.Code §2800 2800.26(a) - The home shall establish and implement a quality management plan.	SEP 15 2017

2a. DESCRIPTION OF VIOLATION The home has not conducted a quality management review within the last year.	WEST REGION FIELD OFFICE Human Services Licensing
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**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 conduct a quality management review, which includes a review of all items specified in 2800.26b. Documentation of the review, to include the date, time, attendees and topics discussed, shall be kept.

Immediately: A designated staff person shall develop and implement a system to ensure a quality management review is completed at least annually. The quality management review shall include a review of all items specified in 2800.26b. Documentation of the review, to include the date, time, attendees and topics discussed, shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/22/2016 et al	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 9/15/2017
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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 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.42(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

Multiple residents indicate they perform daily chores in the home, to include sweeping and mopping the floor, dusting, running the vacuum and loading the dishwasher. Residents are not compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

Multiple residents, to include residents #5, #6, and #8, work in the dog kennel, located on the home's property. Residents are compensated and received a 2016 W-2 Wage and Tax Statement; however, the home does not have documentation of the number of hours worked, dates the residents worked or the amount the residents were paid per hour.

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.

Please see attached paystubs for all residents that perform job duties in and outside the home (At dog kennel). In the future the administrator will keep the residents pay stub on site and available for DHS

See Page 6 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 7/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)      Plan of correction implementation status as of 9/15/17 (Date)

The above plan of correction was approved by [Signature] (Initials)       Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

SEP 15 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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Multiple residents, to include residents #5, #3, and #8, work in the dog kennel, located on the home's property. Residents are compensated and received a 2016 W-2 Wage and Tax Statement; however, the home does not have documentation of the number of hours worked, dates the residents worked or the amount the residents were paid per hour.

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: All residents shall be compensated in accordance with State and Federal labor laws for work performed on behalf of the home, to include sweeping and mopping floors, dusting, running the vacuum and loading the dishwasher. Documentation of all hours worked shall be kept. Documentation of compensation paid for any hours worked shall be kept.

Immediately: All staff persons shall be educated that residents must be compensated in accordance with State and Federal labor laws for work performed on behalf of the home, to include sweeping and mopping floors, dusting, running the vacuum and loading the dishwasher. Documentation of the education shall be kept.

Immediately: A designated staff person shall interview at least 3 residents weekly for one month then monthly thereafter to ensure all residents are compensated in accordance with State and Federal labor laws for work performed on behalf of the home, to include sweeping and mopping floors, dusting, running the vacuum and loading the dishwasher. Documentation of the interviews shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons and residents shall be educated by a Department-approved outside source on resident rights, to include residents must be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Documentation of the education shall be kept. 9/15/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

John Bumpus

Date 9/15/2017

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: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.43(b) - A resident's rights may not be used as a reward or sanction.

2a. DESCRIPTION OF VIOLATION

Multiple residents indicate they must perform daily chores in the home, to include sweeping and mopping the floor, dusting, running the vacuum, loading the dishwasher and making their beds. If these tasks are not completed, the residents are not permitted to participate in group activities or attend group outings.

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 does not and never has permitted the staff to use resident rights as a reward or sanction. All residents who perform job duties are compensated with a paycheck. The administrator will be sure that all staff is aware this is not permitted in the home.

See Page 7A 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 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

RECEIVED

SEP 16 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

1. REGULATION 66 Pa. Code §2600  
2600.43(b) - A resident's rights may not be used as a reward or sanction.

2a. DESCRIPTION OF VIOLATION  
Multiple residents indicate they must perform daily chores in the home, to include sweeping and mopping the floor, dusting, running the vacuum, loading the dishwasher and making their beds. If these tasks are not completed, the residents are not permitted to participate in group activities or attend group outings.

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

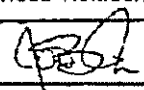
Immediate y: All staff persons shall be educated that resident rights may not be used as a reward or sanction. The education shall also include that residents may not be punished for not performing work in the home, to include not being able to participate in group activities or outings. Documentation of the education shall be kept.

Within 15 days of receipt of the plan of correction: All staff persons and residents shall be educated by a Department approved outside source on resident rights, to include residents rights may not be used as a reward or sanction. Documentation of the education shall be kept.

f  
9/15/17

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



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

John Bumpus

Date 9/15/2017

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

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The following staff members do not have Pennsylvania criminal background checks completed:

- \* Staff person A, hired [redacted] 99
- \* Staff person B, hired [redacted] 17
- \* Staff person C, hired [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.

The administrator was not aware the Human Resources at Human Services Center did not do a criminal background check on the interns B.C. A criminal background check for staff person A is attached. In the future the administrator will have better communication with the HR department at HSC to ensure all staff, volunteer or interns have criminal background checks done upon hiring.

See Page 8A of 33

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Quinn, Suzanne	7/12/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
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The above plan of correction was approved by <u>L</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>L</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

1. REGULATION 66 Pa.Code §2800  
2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The following staff members do not have Pennsylvania criminal background checks completed:

- \* Staff person A, hired [redacted]/08
- \* Staff person B, hired [redacted]/17
- \* Staff person C, hired [redacted]/17

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

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

A criminal background check for staff person A was completed on [redacted]/03.

Staff person B is no longer employed with the home, effective [redacted]/17.

Staff person C is no longer employed with the home, effective [redacted]/17.

Immediately: A designated staff person shall review all staff records to ensure each staff person has a criminal background check completed via the Pennsylvania Access to Criminal History (PATCH), as well as an FBI criminal background check for any staff person who has not been a Pennsylvania resident for 2 consecutive years at the time of hire. A copy of all criminal background checks shall be kept in each staff person's file.

Immediately: A designated staff person shall develop and implement a system to ensure each staff person has a criminal background check completed via the Pennsylvania Access to Criminal History (PATCH), as well as an FBI criminal background check for any staff person who has not been a Pennsylvania resident for 2 consecutive years at the time of hire.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Bumpas	Date 9/15/2017
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<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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Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

Staff person D, the home's administrator, does not have a license as a registered nurse, licensed practical nurse or a nursing home administrator from the Department of State or an associate's degree or 60 credit hours from an accredited college or university. On 4/14/17, 11 residents were present in 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.

Effective immediately [redacted] is taking the position of Administrator at Caritas PCH. [redacted] sent in all the information that he was asked to send.

An administrator who has met the qualifications specified in 2600.53a was hired on 7/17/17.   
 9/15/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 persons B and C, both hired on [redacted] 17, did not receive training on any of the topics specified in 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills.

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 interns~~  
 The administrator failed to have trained staff persons B & C on both subjects. The interns are no longer working at the home therefore training is not possible at this time. The administrator will be sure to complete all required initial and yearly training with all staff in the future

See Page 11A of 34

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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 11 of 33 <sup>A</sup>

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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 persons B and C, both hired on [redacted] 17, did not receive training on any of the topics specified in 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills.

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 B is no longer employed with the home, effective [redacted] 17.

Staff person C is no longer employed with the home, effective [redacted] 17.

Immediately: A designated staff person shall review all current staff records to ensure all direct care staff, ancillary staff, substitute personnel and volunteers have received training on all topics specified in 2600.65a.

Immediately: A designated staff person shall develop and implement a system to ensure all newly-hired direct care staff, ancillary staff, substitute personnel and volunteers receive training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the education 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)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	John Bampus	Date	9/15/2017
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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: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff persons B and C, both hired on [redacted] 17, did not receive training on any of the topics specified in 2600.65b, to include resident rights and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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.

Please refer to previous violation, the administrator will follow the same protocol with this violation

See Page 12A 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 7/17/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

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Page 12 of 33 <sup>A</sup>

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff persons B and C, both hired on [redacted] 17, did not receive training on any of the topics specified in 2600.65b, to include resident rights and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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 B is no longer employed with the home, effective [redacted] 17.

Staff person C is no longer employed with the home, effective [redacted] 17.

Immediately: A designated staff person shall review all current staff records to ensure all direct care staff, ancillary staff, substitute personnel and volunteers have received training on all topics specified in 2600.65b.

Immediately: A designated staff person shall develop and implement a system to ensure all newly-hired direct care staff, ancillary staff, substitute personnel and volunteers receive training on all topics specified in 2600.65b within 40 scheduled working hours. Documentation of the education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*ACB*

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

John Bumpas

Date 9/15/2017

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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: 44133 - 04/14/2017 - Quinn, Suzanne  
 PCH Name: CARITAS

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 persons B and C, both hired on [redacted]/17, began providing unsupervised ADL services to residents on 1/12/17; however these staff persons have not successfully completed and passed the Department-approved direct care training course and competency test.

**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 be sure to have all required trainings, initial and yearly, in the future

See Page 13A 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 7/17/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by <u>L</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 13 of 33 <sup>A</sup>

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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 persons B and C, both hired on [redacted] 17, began providing unsupervised ADL services to residents on 1/12/17; however these staff persons have not successfully completed and passed the Department-approved direct care training course and competency test.

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 B is no longer employed with the home, effective [redacted] 17.

Staff person C is no longer employed with the home, effective [redacted] 17.

Immediately: A designated staff person shall review all current direct care staff records to ensure each direct care staff has received training on all topics specified in 2600.65d, to include the successful completion and passing of the Department-approved direct care training course and passing of the competency test.

Immediately: A designated staff person shall develop and implement a system to ensure all newly-hired direct care staff receive training on all topics specified in 2600.65d, to include the successful completion and passing of the Department-approved direct care training course and passing of the competency test, before performing unsupervised ADL services to residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Bumpus Date 9/15/2017

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
	<input type="checkbox"/> Fully Implemented

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

Direct care staff person A, hired on [redacted] 99, received only 11 hours of annual training during the 2016 training year.

Direct care staff person E, hired on [redacted] 94, received only 11 hours of 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 A & E both had 13 hours of training in the year 2016. The Administrator will be sure to keep all training documentation organized to ensure the information is available upon request of DHS.  
Please See Attach

See Page 14A 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)

Hum Remino

Date 7/17/17

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The above plan of correction is approved as of

9/15/17  
(Date)

Plan of correction implementation status as of

9/15/17  
(Date)

The above plan of correction was approved by

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(Initials)

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

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Page 14<sup>A</sup> of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

Direct care staff person A, hired on [redacted] 99, received only 11 hours of annual training during the 2018 training year.

Direct care staff person E, hired on [redacted] 94, received only 11 hours of annual training during the 2018 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: Staff persons A and E shall receive 13 hours of training related to their job duties during the 2017 training year. Documentation shall be kept.

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff persons receive at least 12 hours of annual training related to their job duties during each established training year.

Documentation of the system shall be kept. Documentation of the training shall also be kept in accordance with 2600.05i.

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)

John Bumpus

Date 9/15/2017

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 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

Direct care staff person A, hired on [redacted] '99, and direct care staff person E, hired on [redacted] '94, did not receive training in the following topics during the 2016 training year:

- \* Medication self-administration training
- \* Instruction on meeting the needs of the residents as outlined in preadmission screening form, assessment tool, medical evaluation and support plan
- \* Care for residents with dementia and cognitive impairments
- \* Personal care services needs of the resident
- \* Care for residents with mental illness or intellectual disability. The home currently services 11 residents 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.

Please see attached training, Administrator will follow the same protocol as the previous violation.

Su Page 15A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/20/2017	04/22/2016 et al.
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Signature of Legal Entity Representative (Required on EVERY Page) 

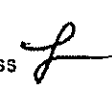
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Remino Date 7/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

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Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted]/89, and direct care staff person E, hired on [redacted]/94, did not receive training in the following topics during the 2016 training year:

- \* Medication self-administration training
- \* Instruction on meeting the needs of the residents as outlined in preadmission screening form, assessment tool, medical evaluation and support plan
- \* Care for residents with dementia and cognitive impairments
- \* Personal care services needs of the resident
- \* Care for residents with mental illness or intellectual disability. The home currently services 11 residents 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.

Immediately: Staff person A shall receive training in medication self-administration. Documentation of the training shall be kept in accordance with 28000.65i.

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff persons receive annual training on all topics specified in 2800.65f during each established training year. Documentation of the system shall be kept. Documentation of the training shall also be kept in accordance with 2800.65i.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/20/2017	04/22/2018 et al
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Bumpus Date 9/15/2017

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

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION 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

Direct care staff person A, hired on [redacted] 99, and direct care staff person B, hired on [redacted] 94, did not receive 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

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 A & B did receive training in Emergency preparedness and resident rights but not in fire safety. After several failed attempts to ~~at~~ reaching Slippery Rock fire department, the administrator wasn't able to reach someone until 2017. She spoke with the fire dept. chief and explained the importance of the staff and residents having fire safety trainings he agreed to be available for the home when needed.

See Page 16A of 33

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kim Perrino	7/10/17

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The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

The above plan of correction was approved by   
(Initials)

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

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Page 16 A of 33

SEP 15 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

Direct care staff person A, hired on [redacted] /99, and direct care staff person B, hired on [redacted] /94, did not receive 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

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: Staff person A shall receive training on fire safety completed by a fire safety expert. Documentation of the training shall be kept in accordance with 26000.65i.

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff, ancillary staff, substitute personnel and regularly scheduled volunteers receive annual training on all topics specified in 2600.65g during each established training year. Documentation of the system shall be kept. Documentation of the training shall also be kept in accordance with 2600.65i.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Bumpas	9/15/2017

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

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JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

2a. DESCRIPTION OF VIOLATION

Resident #5's glucometer was used to test resident #6's blood glucose reading on the following dates:

- | Date    | Reading |
|---------|---------|
| *4/1/17 | - 181   |
| *4/2/17 | - 143   |
| *4/4/17 | - 173   |
| *4/5/17 | - 158   |
| *4/7/17 | - 186   |
| *4/8/17 | - 137   |

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 home purchased new Glucometers for resident #5 & #6. There is a ~~fe~~ copy of the receipt enclosed. In the future the home will not permit sharing of Glucometers.

See Page 17A 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: 7/27/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

RECEIVED

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

SEP 15 2017

1. REGULATION 55 Pa.Code §2800  
2800.86(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5's glucometer was used to test resident #6's blood glucose reading on the following dates:

- Date Reading
- \*4/1/17 - 181
- \*4/2/17 - 143
- \*4/4/17 - 173
- \*4/6/17 - 158
- \*4/7/17 - 186
- \*4/8/17 - 137

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 resident glucometers have been labeled with the resident's name.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Certified Diabetic Educator on proper blood sugar testing procedures, to include glucometers may not be shared among residents and each resident must have their own labeled glucometer which can only be used for that resident. Documentation of the education 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) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) John Bumpas Date 4/15/2017

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 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

There was a broken hinge which prevented the lid from closing on the completely full garbage can in the home's 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.

The trash can was replaced on 4/15/17 to ensure the lid works properly. In the future the administrator will purchase a new trash can immediately upon it breaking or not working properly

See Page 18A of 33

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al.

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

RECEIVED

SEP 15 2017

Page 18<sup>A</sup> of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Truman Services Licensing

**1. REGULATION 69 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 a broken hinge which prevented the lid from closing on the completely full garbage can in the home's 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: A designated staff person shall check the home daily to ensure trash cans in kitchens and bathrooms are kept in covered receptacles.

Immediately: All staff persons shall be educated that trash in kitchens and bathrooms must be kept in covered receptacles. Documentation of the education shall be kept.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 *et al*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Bumpus*      Date *9/15/2017*

**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 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At 2:25 PM, the temperature of the hot water in the sink of the common restroom near the resident lock boxes was 123.8 degrees Fahrenheit.

At 2:38 PM, the temperature of the hot water in the common restroom shower, near the resident lock boxes, was 122.5 degrees Fahrenheit.

At 5:05 PM, the temperature of the hot water in the sink of the small bathroom was 124.1 degrees Fahrenheit. At 6:50 PM, the hot water was 131.9 degrees Fahrenheit.

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

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

Temperature reading no longer exceed 120°F, maintenance has fixed the problem (4/16/17). The Administrator will check the water temperature weekly to ensure the safety of the residents.

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 9/17/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

The above plan of correction was approved by  
(Initials)

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

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
There is no doorknob or other mechanism to open/close the bi-fold closet door in bedroom #7.

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 doorknob was replaced in bedroom #7 on 4/17/17.  
The Administrator will be sure to have any repairs completed immediately upon breaking to ensure the safety of the residents.

Immediately: A designated staff person shall inspect the home weekly to ensure all furniture and equipment is in good repair, clean and free of hazards.

*[Signature]*  
9/15/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative -  
(Required on EVERY Page)      Date 7/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)  
The above plan of correction was approved by *[Signature]* (Initials)  
Plan of correction implementation status as of 9/15/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

The first aid kit near the kitchen does not include adhesive tape.

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.

Adhesive tape was replaced on 4/15/17. In the future the Administrator shall check all First Aid Kits <sup>at least weekly</sup> to ensure all items are in there for the safety of the residents

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)

Kim Penno

Date

7/17/17

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

The above plan of correction is approved as of

9/15/17  
(Date)

Plan of correction implementation status as of

9/15/17  
(Date)

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

The above plan of correction was approved by

  
(Initials)



Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Two residents reside in bedroom #9; however only 1 chair was present.

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.

Chairs were placed in bedroom 9. The Administrator shall be sure that all residents have chairs in their rooms at all times.

Immediately, then monthly thereafter: A designated staff person shall inspect all resident bedrooms to ensure each resident has a chair present, which meets the resident's needs.

✓  
9/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Jim Perano

Date

7/17/17

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

The above plan of correction is approved as of

9/15/17  
(Date)

Plan of correction implementation status as of

9/15/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

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JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST BUCKLEFIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
Resident #5's bedside lamp was not operable.

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 lamp was unplugged. The administrator will be sure all lamps in resident rooms are functioning properly at all times.

Resident #5's lamp has been repaired. 8/15/17

Immediately, then monthly thereafter: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside.

8/15/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 1:55 PM, the temperature of the kitchen freezer in the side-by-side refrigerator/freezer measured 6 degrees Fahrenheit.

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

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

The temperature was adjusted to meet Regulatory requirements on 4/15/17. The administrator will check the temperatures monthly to ensure all freezers are meet regulatory requirements

Immediately: A designated staff person shall inspect all refrigerators and freezers daily to ensure proper food storage temperatures in accordance with 2600.103f.

*[Signature]*  
9/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of

9/15/17  
(Date)

Plan of correction implementation status as of

9/15/17  
(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: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be immediately implemented when a smoke detector or fire alarms are 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.

Please attached, In the future the Administrator will ensure organization of Policies in order for staff to easily access them and for DHS.

Immediately: The homes, "Fire and Fire drill policy," which includes procedures which will be implemented if smoke detectors or fire alarms are inoperable, shall be added to the home's emergency procedure manual and reviewed with all direct care staff, ancillary staff substitute personnel and regularly scheduled volunteers annually in accordance with 2600.65g(2).

9/15/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date 9/17/17

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

The above plan of correction is approved as of 9/15/17  
(Date)

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

Plan of correction implementation status as of 9/15/17  
(Date)

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

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
 PCH Name: CARITAS

1. REGULATION 55 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 #9 was admitted on [redacted] 15; however no medical evaluation has 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 previous administrator failed to have a DME completed, she only had an MA-51 completed for Challenges office (attached). The Administrator will ensure that all admission requirements are fulfilled.

See Page 26A of 33

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kimberly	7/17/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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 <input type="checkbox"/> Not Implemented

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SEP 15 2017

Page 26A of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600

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 #9 was admitted on [redacted] 15; however no medical evaluation has 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: A new medical evaluation shall be completed in its entirety for resident #9.

Immediately: A designated staff person shall review all current resident records to ensure each resident has a current medical evaluation completed in its entirety.

Immediately: A designated staff person shall develop and implement a system to ensure each newly-admitted resident has a medical evaluation completed, in its entirety, at least 60 days prior to admission or within 30 days after admission.

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 9/15/2017  
John Bumpus

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

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JUL 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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

2a. DESCRIPTION OF VIOLATION

Resident #5's most recent medical evaluation was completed on 11/20/15. Also, the resident's medical evaluation does not include the resident's temperature. This section of the medical evaluation is blank.

The most recent medical evaluation for resident #7, dated 9/22/16, is incomplete. It does not include the resident's temperature, medications, ability to self-administer medications, health status, cognitive functioning and mobility needs assessment. These sections of the medical evaluation are blank. Also, the medication addendum indicates "see attached list"; however, nothing is attached.

The most recent medical evaluation for resident #8, dated 7/13/16, is incomplete. It does not include allergies, ability to self-administer medications and body positioning/movement. These sections of the medical evaluation 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.

In the future the Administrator will be sure that all sections of the DME are completed.

See Page 27A 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 9/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)      Plan of correction implementation status as of 9/15/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
 PCH Name: CARITAS

RECEIVED

1. REGULATION 65 Pa.Code §2800  
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

SEP 15 2017

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE  
 Human Services Licensing

Resident #5's most recent medical evaluation was completed on 11/20/15. Also, the resident's medical evaluation does not include the resident's temperature. This section of the medical evaluation is blank.

The most recent medical evaluation for resident #7, dated 9/22/16, is incomplete. It does not include the resident's temperature, medications, ability to self-administer medications, health status, cognitive functioning and mobility needs assessment. These sections of the medical evaluation are blank. Also, the medication addendum indicates "see attached list"; however, nothing is attached.

The most recent medical evaluation for resident #8, dated 7/13/16, is incomplete. It does not include allergies, ability to self-administer medications and body positioning/movement. These sections of the medical evaluation 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.*

Immediately: A new medical evaluation shall be completed for resident #5.

Immediately: A new medical evaluation shall be completed in its entirety for resident #7.

Immediately: The medical evaluation for resident #8, dated 7/17/17, shall be returned to the physician to be completed in its entirety.

Immediately: A designated staff person shall review all current resident records to ensure each resident has a current medical evaluation completed, in its entirety, at least annually.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation completed, in its entirety, at least annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John	Date 9/15/2017
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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: 44133 - 04/14/2017 - Quinn, Suzanne PCH Name: CARITAS	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have a written emergency medical plan.

**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 home has an emergency medical plan, but the administrator was unable to locate it at the time of inspection. A copy is enclosed and in the future the administrator will have all policies well organized for both staff and DHS.

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

Printed Name and Title of Legal Entity Representative - (Required on EVERY Page) <i>Jim Perrino</i>	Date <i>7/17/17</i>
--	---------------------

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>9/15/17</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>L</i> <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: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5's April 2017 medication administration record (MAR) includes the following blood glucose readings which are not in his/her glucometer:

Date	Reading
*4/3/17	- 141
*4/6/17	- 90
*4/9/17	- 83
*4/11/17	- 93

From 4/1/17 to 4/14/17, blood glucose test strips, prescribed for and belonging to resident #5, were used to take resident #6's blood glucose readings.

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 home purchased new glucometers and test strips for Resident 5 & 6. The home will not permit sharing of glucometers or test strips in the future.

See Page 29A of 33

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jim Perrino	7/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

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

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

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SEP 15 2017

Page 29A of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5's April 2017 medication administration record (MAR) includes the following blood glucose readings which are not in his/her glucometer:

Date Reading  
\*4/3/17 - 141  
\*4/8/17 - 90  
\*4/9/17 - 83  
\*4/11/17 - 93

From 4/1/17 to 4/14/17, blood glucose test strips, prescribed for and belonging to resident #5, were used to take resident #6's blood glucose readings.

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: A designated staff person shall develop and implement a system to ensure blood sugar testing supplies, to include test strips, are not shared among residents. All staff persons qualified to administer medications shall be educated on the new system.

Immediately, then monthly thereafter: A designated staff person shall review all medication administration records for all residents prescribed blood glucose testing to ensure all blood sugar readings are recorded on the medication administration records.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Bumpus*      Date *9/15/2017*

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: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's "Human Service Center Policy for Medication Administration" indicates, "...the narcotic count sheet will be documented on each time that the narcotic medication is given..."

Resident #8 is prescribed, Lorazepam-1mg-Take 1 tablet by mouth daily and resident #9 is prescribed, Klonopin-0.5mg-Take 1 tablet by mouth 2 times daily; however, there are no narcotic count sheets for these narcotics in accordance with the home's policy.

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

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

A narcotic count sheet was implemented immediately following the inspection. The home shall follow all policies that are written in the medication administration policy and the home will follow 2600.185(b) Regulation. Copies are attached

Immediately: All staff persons qualified to administer medications shall be educated on the home's procedures for documenting controlled substances on narcotic count sheets at the time of administration. *[Signature]*  
9/15/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tim Perrino*      Date *7/17/17*

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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 #9 is prescribed, Ferrous Sulfate-325mg-Take 1 tablet by mouth twice daily. The resident's April 2017 MAR does not include the initials of the staff persons who administered the PM dose from 4/1/17-4/13/17.

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 will have a staff meeting on 7/27/17 to ensure staff understands the importance of completing all documentation properly on MARs.

See Page 31A of 33

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al.

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

The above plan of correction was approved by (Initials)

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

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SEP 15 2017

Page 31A of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §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 #9 is prescribed, Ferrous Sulfate-325mg-Take 1 tablet by mouth twice daily. The resident's April 2017 MAR does not include the initials of the staff persons who administered the PM dose from 4/11/17-4/13/17.

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.*  
Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Department-approved medication Train-the-Trainer on proper medication administration, to include staff initialing resident medication administration records at the time of medication administration. Documentation of the education shall be kept.  
Immediately, then weekly thereafter: A designated staff person shall review all resident medication administration records to ensure all staff administering medications record their initials on the medication administration records at the time of medication administration.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/22/2016 et al

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Bumpas Date 9/15/2017

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 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #7's most recent assessment was completed on 1/24/15.

Resident #9's most recent assessment was completed on 8/10/15.

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

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

RASP<sup>13</sup> were completed ~~at~~ for Resident 7 & 9. The first and last pages are attached. RASP were in each resident file at the time of inspection.

See Page 32A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2016 <i>et al.</i>
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mim Perrino</i>	7/17/17

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

The above plan of correction is approved as of 9/15/17 (Date)

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

Plan of correction implementation status as of 9/15/17 (Date)

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

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Page 32A of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne		SEP 16 2017	
PCH Name: CARITAS		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2800 2600.225(c) - The resident shall have additional assessments as follows:</p> <p>(1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.</p>			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Resident #7's most recent assessment was completed on 1/24/15.</p> <p>Resident #9's most recent assessment was completed on 8/10/15.</p>			
<p>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> <p>Immediately: A designated staff person shall review all current resident records to ensure each resident has a current assessment, completed in its entirety, at least annually.</p> <p>Immediately: A designated staff person shall develop and implement a system to ensure each resident has an assessment completed, in its entirety, at least annually.</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2016 et al	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
John Bumpus			9/15/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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	

JUL 20 2017

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The photographs for the following residents are undated so it is unable to be determined if they are no more than 2 years old:

- \* Resident #7, admitted 95
- \* Resident #8, admitted 04
- \* Resident #9, admitted 15

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

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

New Photos of resident were taken on 4/21/2016 for residents #7, #8 and #9 but Administrator failed to put the dates on the photos. The administrator went back in Resident files and put the dates on them. The pictures are on the Administrator's computer and the date the picture were taken is also on there. In the future when updating pictures the Administrator will be sure to date them.

See Page 33A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2016 et al
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kim Remmick	7/17/17

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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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SEP 15 2017

Page 33A of 33

Violation Report: 44133 - 04/14/2017 - Quinn, Suzanne		WEST REGION FIELD OFFICE Human Services Licensing	
PCH Name: CARITAS			
1. REGULATION 56 Pa.Code §2600 2800.252 - Each resident's record must include the following information: (1) through (26)			
2a. DESCRIPTION OF VIOLATION The photographs for the following residents are undated so it is unable to be determined if they are no more than 2 years old: * Resident #7, admitted 095 * Resident #8, admitted 004 * Resident #9, admitted 015			
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> Immediately: A designated staff person shall review all current resident records to ensure all items specified in 2800.252, to include a recent, dated photograph of the resident that is no more than 2 years old, are present in each resident record.  Immediately: A designated staff person shall develop and implement a system to ensure all resident photographs are kept current and are no more than 2 years old. All photographs shall be dated.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2018	et al
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
John Bumpus		9/15/2017	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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	

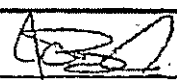
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CARITAS		License Number: 44133
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101		County: Lawrence
Administrator: John Bumpus		Region: WEST
Legal Entity Name: HUMAN SERVICES CENTER		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy R-4 07/09/2010 Code.sys Code Consulting		<b>RECEIVED</b>  SEP 06 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 07/27/2017: Quinn, Suzanne; Barone, Barbara 07/28/2017: Quinn, Suzanne; Barone, Barbara 08/11/2017: Quinn, Suzanne		
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: 11	Number of Residents Served: 11	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 11
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 3
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 0	Have Mental Illness: 11
		Have an Intellectual Disability: 0
		Have a Mobility Need: 0
		Have a Physical Disability: 0

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Page 3 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne	
PCH Name: CARITAS	
WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	
2a. DESCRIPTION OF VIOLATION No signature was obtained from resident #2 for a cash withdrawal of \$200 on 3/21/17. The home manages finances for resident #2.	
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>The home will be more diligent when handling resident finances to ensure that accurate records are kept for all the transactions. Staff will be sure to have residents sign for their monies immediately upon disbursement.</p>	
<i>See page 3A of 11</i>	
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) John C. Bumpus Jr.	Date 9/11/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by <u>L</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

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SEP 15 2017

Page 3 of 11 <sup>A</sup>

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION  
No signature was obtained from resident #2 for a cash withdrawal of \$200 on 3/21/17. The home manages finances for resident #2.

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

Immediately: The home shall obtain a written receipt from resident #2 for the cash withdrawal of \$200 on 3/21/17.

Immediately, then monthly thereafter: A designated staff person shall review financial records for all residents for whom the home manages finances to ensure a written receipt is obtained from the resident for each cash disbursement at the time of the disbursement.

Immediately: All staff persons shall be educated that a written receipt is required from the resident for all cash disbursements, at the time of the disbursement. Documentation of the education shall be kept.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *John Bompas*      Date *9/15/2017*

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

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SEP 06 2017

Page 4 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
FCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated [redacted] 15, indicates the resident's rate for room and board is \$509.74 per month; however, the resident's rate is \$409.74 per month.

Resident #3's contract, dated [redacted] 16, indicates the resident's rate for room and board is \$538.30 per month; however, the resident's rate is \$1064.30 per month.

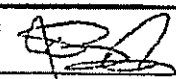
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 home will now receive statements from the legal entity to show how much each resident is paying per month for room and board. The home will renew any contracts that may change. This will begin with September's deposits.

See Page 4A of 11

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

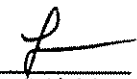
Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
John C. Bumpus Jr.      9/1/2017

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The above plan of correction is approved as of 9/15/17 (Date)

Plan of correction implementation status as of 9/15/17 (Date)

The above plan of correction was approved by  (Initials)

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

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SEP 15 2017

A  
Page 4 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2000  
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated [redacted] 16, indicates the resident's rate for room and board is \$600.74 per month; however, the resident's rate is \$409.74 per month.

Resident #3's contract, dated [redacted] 16, indicates the resident's rate for room and board is \$638.30 per month; however, the resident's rate is \$1084.30 per month.

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 resident-home contracts for residents #1 and #3 shall be updated to include the current rate for room and board. The updated resident-home contract shall be reviewed with the residents and shall include the initials of the residents and the date it was updated.

Immediately: A designated staff person shall review all current resident-home contracts to ensure they include the current rate for room and board.

Immediately: A designated staff person shall develop and implement a system to ensure resident-home contracts are updated after a change in the rate for room and board. The system shall include procedures to ensure residents are notified in writing of the change at least 30 days in advance.

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) John Bumpus      Date 9/15/2017

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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

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Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

SEP 06 2017

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On multiple occasions, direct care staff person B has given resident #1 "bear hugs" from behind. The resident indicated this makes the resident feel "restrained, frustrated and hurt's the resident's pride".

Multiple residents indicated that 9:00 PM is "lock-down". Residents are required to turn off all personal televisions and radios, and must stay in their bedrooms.

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 allegations of "Bear Hugs" has been investigated and have been unfounded.  
Staff was directed by the administrator that there is no "lock down" time and they are permitted to watch TV, listen to radios in compliance w/ the homes rules that state as long as the volume of radios or T.V. are not disturbing other residents.

See Page 5A of 11

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) John C. Bumpus Jr. Date 9/1/2017

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

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Violation Report: 44193 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

SEP 15 2017

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On multiple occasions, direct care staff person B has given resident #1 "bear hugs" from behind. The resident indicated this makes the resident feel "restrained, frustrated and hurts the resident's pride".

Multiple residents indicated that 9:00 PM is "lock-down". Residents are required to turn off all personal televisions and radios, and must stay in their bedrooms.

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 15 days of receipt of the plan of correction: All staff persons, including staff person B, shall be educated by a Department-approved outside source on resident rights, to include the resident's right to be treated with dignity and respect. Documentation of the education shall be kept.

Immediately: All staff persons, including staff person B, shall be educated on the use of positive interventions and that interventions, such as bear hugs, are not permitted. Documentation of the education shall be kept.

Immediately: All staff persons and residents shall be educated on the home's current home rules, which indicate the use of televisions and radios in their rooms. Documentation of the education shall be kept.

Immediately: A designated staff person shall interview at least 3 residents weekly for one month then monthly thereafter to ensure all residents are treated with dignity and respect and that the current home rules are being followed. Documentation of the interviews shall be kept.

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  
John Bumpus      9/15/2017

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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

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SEP 06 2017

Page 6 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.

2a. DESCRIPTION OF VIOLATION

Resident #1 indicates [redacted] does not receive [redacted] monthly bank statements, which are mailed to the resident at the home. On 7/28/17, 3 unopened bank statements from Wesbanco Bank, addressed to the resident, were present in a binder in the administration office.

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 #1 now has all of [redacted] bank statements mailed to [redacted] brother who is [redacted] POA. The home was not responsible for these particular finances. [redacted] POA is. Therefore the POA should be receiving the bank statement to go over w/ resident #1.

See Page 6A of 11

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)

John C. Bompas Jr.

Date 9/1/2017

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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

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SEP 15 2017

Page 6 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne		WEST REGION FIELD OFFICE	
PCH Name: CARITAS		Human Services Licensing	
<b>1. REGULATION 65 Pa.Code §2600</b> 2600.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.			
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1 indicates [redacted] does not receive [redacted] monthly bank statements, which are mailed to the resident at the home. On 7/28/17, 3 unopened bank statements from Webanco Bank, addressed to the resident, were present in a binder in the administration office.			
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <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> Within 15 days of receipt of the plan of correction: All staff persons, including staff person B, shall be educated by a Department-approved outside source on resident rights, to include the resident's right to receive and send mail. Documentation of the education shall be kept.			
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
John Bumpas			9/15/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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	

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SEP 06 2017

Page 8 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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 submitted the following 2016 record of trainings as part of the plan of correction for licensing inspection summary, dated 4/14/17. The staff signatures on the training records submitted appear to mirror each other. Each employee is listed in the same order and the signatures align with one another from one document to another:

- \* Cleanliness/Hygiene/Resident Care Services/Rights/Rules, dated 5/25/16
- \* Safety/RASP/Meeting Needs, dated 11/16/16
- \* Protecting our Population/Mental Health/Cognitive Care, dated 8/24/16
- \* Preventions/Safety/Emergency Preparedness, dated 10/19/16

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.

PCH Administration neglected to get signatures at beginning of training. Administrator got permission from the employees to use the signed document. On review w/ housing director, this is not an acceptable practice and will not be done.

See Page 8A of 11


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 9/1/2017  
John C. Bumpus Sr.

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

The above plan of correction is approved as of 9/15/17 (Date)


The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 9/15/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented 

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SEP 15 2017

A  
Page 8 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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 submitted the following 2016 record of trainings as part of the plan of correction for licensing inspection summary, dated 4/14/17. The staff signatures on the training records submitted appear to mirror each other. Each employee is listed in the same order and the signatures align with one another from one document to another:  
\* Cleanliness/Hygiene/Resident Care Services/Rights/Rules, dated 5/25/16  
\* Safety/RASP/Mealing Needs, dated 11/16/16  
\* Protecting our Population/Mental Health/Cognitive Care, dated 8/24/16  
\* Preventions/Safety/Emergency Preparedness, dated 10/19/16

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.  
Within 15 days of receipt of the plan of correction: All staff persons shall be reeducated on the following topics:  
\* Cleanliness/Hygiene/Resident Care Services/Rights/Rules, dated 5/25/16  
\* Safety/RASP/Mealing Needs, dated 11/16/16  
\* Protecting our Population/Mental Health/Cognitive Care, dated 8/24/16  
\* Preventions/Safety/Emergency Preparedness, dated 10/19/16

A record of training for each topic shall be kept, to include all items specified in 2600.65i.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Bumpis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John Bumpis Date 9/15/2017

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

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Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation, dated 4/4/17, does not include special health or dietary needs or the ability to self-administer medications. These sections of the form are blank.

Resident #4's most recent medical evaluation, dated 6/20/17, does not include the temperature, special health or dietary needs, allergies, medication addendum, body positioning/movement and mobility needs assessment. These sections of the form are blank.

Resident #7's most recent medical evaluation does not indicate the date the resident was evaluated. Also, the medical evaluation does not include special health or dietary needs, allergies, body positioning/movement, health status, cognitive functioning and mobility needs assessment. These sections of the form are blank. The resident was admitted to the home on [redacted] 15.

Resident #8's most recent medical evaluation, dated 6/6/17, does not include medical diagnoses, special health or dietary needs, health status, cognitive functioning and mobility needs assessment. These sections of the form 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.

The administrator contacted the physician of each resident and all offices have failed to resend the DME's. In the future the administrator will ensure that all fields are ~~filled~~ filled out on all DME's before leaving the physicians office.

See Page 9A of 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John C. Bumpus Jr. Date 9/1/2017

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</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 <input type="checkbox"/> Not Implemented

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
 PCH Name: CARITAS

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**1. REGULATION 55 Pa.Code §2800**  
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

SEP 15 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

Resident #2's most recent medical evaluation, dated 4/4/17, does not include special health or dietary needs or the ability to self-administer medications. These sections of the form are blank.

Resident #4's most recent medical evaluation, dated 6/20/17, does not include the temperature, special health or dietary needs, allergies, medication addendum, body positioning/movement and mobility needs assessment. These sections of the form are blank.

Resident #7's most recent medical evaluation does not indicate the date the resident was evaluated. Also, the medical evaluation does not include special health or dietary needs, allergies, body positioning/movement, health status, cognitive functioning and mobility needs assessment. These sections of the form are blank. The resident was admitted to the home on [redacted] 15.

Resident #8's most recent medical evaluation, dated 6/6/17, does not include medical diagnoses, special health or dietary needs, health status, cognitive functioning and mobility needs assessment. These sections of the form 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.*

Immediately: The medical evaluation for resident #2, dated 4/4/17, shall be returned to the physician to be completed in its entirety.

Immediately: The medical evaluation for resident #4, dated 6/20/17, shall be returned to the physician to be completed in its entirety.

Immediately: The medical evaluation for resident #7, which is undated, shall be returned to the physician to be completed in its entirety, to include the date the resident was evaluated.

Immediately: The medical evaluation for resident #8, dated 6/6/17, shall be returned to the physician to be completed in its entirety.

Immediately: A designated staff person shall review all current resident records to ensure each resident has a current medical evaluation completed, in its entirety, at least annually.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation completed, in its entirety, at least annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>John Bompos</b>	Date <b>9/15/2017</b>
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**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

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SEP 06 2017

Page 10 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's "Human Service Center Policy for Medication Administration" indicates the following:

"A. All controlled medications are to be counted and recorded by all residential staff on all shifts.

1. There shall be a change of shift count sheet and a narcotic count sheet that is provided by the pharmacy in which the home uses. The narcotic count sheet will be documented on each time that the narcotic medication is given. The shift change count sheet will be completed each time a new staff arrives or departs from their shift (this verifies that the staff are in agreement with the medication count)."

The home is not using a change of shift count sheet in accordance with their policy. Multiple residents, to include residents #2, #7 and #9, are prescribed controlled substances.

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 home has implemented a change of shift document for staff to use and sign off on.

Immediately: All staff persons qualified to administer medications shall be educated on the home's procedures for counting narcotics at the change of each shift and the use of the home's "change of shift count sheet."

*J*  
9/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

John C. Bompus Jr.

Date 9/1/2017

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

The above plan of correction is approved as of 9/15/17  
(Date)

Plan of correction implementation status as of 9/15/17  
(Date)

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

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

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SEP 06 2017

Page 11 of 11

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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 #1's July 2017 medication administration record (MAR) does not include the initials of the staff persons who administered the following medications:

- \* 7/5/17- 6:30 AM dose of Levothyroxine 150mcg tab - Take 1 tablet daily
- \* 7/23/17- 8:00 AM dose of Gemfibrozil 600mg tablet - Take 1 tablet 2 times a day
- \* 7/23/17- 8:00 AM dose of HCTZ 25mg tab - Take 1 tablet twice daily

Resident #5's July 2017 MAR does not include the initials of the staff persons who administered the following medications:

- \* 7/4/17- 8:30 PM dose of Bzotropine 1mg tablet - Take 1 tablet at bedtime
- \* 7/4/17- 8:30 PM dose of Clozapine 100mg tablet - Take 6 tablets at bedtime
- \* 7/4/17- 8:30 PM dose of Docusate Sodium 100mg capsule - Take 2 capsules once daily at bedtime

Resident #6's July 2017 MAR does not include the initials of the staff persons who administered the following medications:

- \* 7/5/17- 8:30 AM dose of Levothyroxine 100mcg tab - Take 1 tablet daily in the morning
- \* 7/5/17, 7/12/17, 7/19/17 and 7/26/17- 9:00 AM doses of Alendronate 70mg tab - Take 1 tablet in the morning once a week and with plenty of fluids
- \* 7/23/17- 8:00 AM dose of Vitamin D 2000 unit soft - Take 1 capsule twice daily
- \* 7/23/17- 8:00 AM dose of Fluoxetine 20 MG capsule - Take 1 capsule daily in the morning

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 that failed to initial were addressed and reminded of the seriousness of the medication error.

August MARS are enclosed to show improvement.


See Page 11A of 11

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/22/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John C. Bumpus Jr.      Date 9/1/2017

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

The above plan of correction is approved as of <u>9/15/17</u> (Date)	Plan of correction implementation status as of <u>9/15/17</u> (Date)
The above plan of correction was approved by  (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

RECEIVED

SEP 15 2017

Violation Report: 44133 - 07/27/2017 - Quinn, Suzanne  
PCH Name: CARITAS

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 #1's July 2017 medication administration record (MAR) does not include the initials of the staff persons who administered the following medications:

- \* 7/6/17- 8:30 AM dose of Levothyroxine 150mcg tab - Take 1 tablet daily
- \* 7/23/17- 8:00 AM dose of Gemfibrozil 600mg tablet - Take 1 tablet 2 times a day
- \* 7/23/17- 8:00 AM dose of HCTZ 25mg tab - Take 1 tablet twice daily

Resident #5's July 2017 MAR does not include the initials of the staff persons who administered the following medications:

- \* 7/4/17- 8:30 PM dose of Benztropine 1mg tablet - Take 1 tablet at bedtime
- \* 7/4/17- 8:30 PM dose of Clozapine 100mg tablet - Take 0 tablets at bedtime
- \* 7/4/17- 8:30 PM dose of Docusate Sodium 100mg capsule - Take 2 capsules once daily at bedtime

Resident #6's July 2017 MAR does not include the initials of the staff persons who administered the following medications:

- \* 7/5/17- 8:30 AM dose of Levothyroxine 100mcg tab - Take 1 tablet daily in the morning
- \* 7/6/17, 7/12/17, 7/19/17 and 7/26/17- 9:00 AM doses of Alendronate 70mg tab - Take 1 tablet in the morning once a week and with plenty of fluids
- \* 7/23/17- 8:00 AM dose of Vitamin D 2000 unit soft - Take 1 capsule twice daily
- \* 7/23/17- 8:00 AM dose of Fluoxetine 20 MG capsule - Take 1 capsule daily in the morning

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 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Department-approved medication Train-the-Trainer on proper medication administration, to include staff initialing resident medication administration records at the time of medication administration. Documentation of the education shall be kept.

Immediately, then weekly thereafter: A designated staff person shall review all resident medication administration records to ensure all staff administering medications record their initials on the medication administration records at the time of medication administration.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2016 et al
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Bumpas	9/15/2017

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