



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Mr. Alex Mains,
Owner/Administrator
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department of Human Services' annual licensing inspections on April 27, 2017 and May 4, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 21-00

PCH Name: PENN ASSISTED CARE		Liconso Number: 13905
Address: 68 MAIN STREET, PENNSBURG, PA 18073		County: Bucks
Administrator: Alex Mains		Region: SOUTHEAST
Legal Entity Name: PENN ASSISTED CARE LLC		
Legal Entity Address: 68 MAIN STREET, PENNSBURG, PA 18073		
Certificate(s) of Occupancy		
I-1 12/17/2008	I-1 12/17/2008	I-1 12/17/2008
Staffing Hours		
Resident Support:	Total Daily Staff: 28	Working Staff: 21
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2017: Weaver, Tina; Adams, Patricia 05/04/2017: Weaver, Tina; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 16 Have Mental Illness: 18 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION
 The partitions in the common bathroom, on the first floor rear used by residents, does not provide sufficient privacy.

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.

Penn Assisted Care understands that while the privacy curtains that were installed in the restrooms were an acceptable means for privacy when applying for their license and in the following inspections that the Department now believes that the privacy curtains installed in restrooms are no longer an acceptable means to provide privacy to our guests. Privacy curtains in one of the restrooms have already been replaced and the remaining privacy curtains in the secondary restroom will be removed and replaced with doors to provide adequate privacy to our guests within 10 days. The Administrator will monitor the use of the new doors monthly for six months and then biannually thereafter to assure proper privacy has been provided.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Majors*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Majors, Administrator* Date *6/19/17*

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

The above plan of correction is approved as of 7/6/17
 (Date) Plan of correction implementation status as of 7/6/17
 (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: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

On 2/1/17 resident #1 requested the home's assistance in safeguarding. The home failed to provide a system for safeguarding the resident's money.

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 was aware of [redacted] right to safeguard [redacted] belongings in the safe provided by Penn Assisted Care as well as the procedure for safeguarding such items and was notified upon admission and periodically thereafter as this Resident had a history of misplacing [redacted] belongings. Penn Assisted Care was in fact holding a check book prior to this incident on 2/1/17, which the Resident would frequently request access, as well as a number of gold and silver coins after the incident that the Resident had requested be held for [redacted] in safekeeping. See attached signed inventory list of items kept in safekeeping on behalf of the Resident. The Department's assertion that the home failed to provide a system for safeguarding the Resident's money is factually untrue as the Resident was well aware of [redacted] right to safeguard [redacted] belongings and decided in lieu of safekeeping that [redacted] alleged money be kept in [redacted] room and in fact had never requested Penn Assisted Care or any such employee or representative thereof to hold any such monies for safekeeping on [redacted] behalf as relating to the incident on 2/1/17. See attached documentation signed by both the Resident and their Power of Attorney stating that the Resident was aware of their right to safeguard any money and property and that the Resident had voluntarily opted to keep [redacted] alleged money in [redacted] room in lieu of safekeeping and had never requested that any monies be held in safekeeping on [redacted] behalf. Penn Assisted Care requests that the Department withdraw this citation on the basis that it is factually untrue as demonstrated by the signed inventory list of items kept in safekeeping as well as the explicit admission of both the Resident and their Power of Attorney that the Resident was aware of [redacted] right to safeguard [redacted] belongings and had opted to instead keep [redacted] alleged money in [redacted] room and had never requested that Penn Assisted Care hold any such money in safekeeping as relating to the incident on 2/1/17. In order to prevent any future confusion regarding a Resident's right to safeguard his or her money and belongings Penn Assisted Care has posted a sign outside of the office explicitly stating that a Resident has the right to safeguard his or her money and property and that any such money or property must be given directly to the office for safekeeping. In addition, all current Residents of Penn Assisted Care and staff members have been educated on the Resident's right and procedures to safeguard his or her belongings and will again will be reeducated annually thereafter.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alex Mains

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

Alex Mains, Administrator

Date

6/9/17

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

The above plan of correction is approved as of *7/2/17*
 (Date) -

Plan of correction implementation status as of *7/2/17*
 (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: 13905 - 04/27/2017 - Weaver, Tina
 PCN Name: PENN ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include the content of the first day, or the 40 hour training.

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

Penn Assisted Care has developed a training book which includes all training materials used to train a new employee on the first day and first forty hours trainings. All employees have been retrained on the first day and first forty hour trainings. See attached documentation and training materials.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *6/19/17*

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

The above plan of correction is approved as of <u>7/6/17</u> (Date)	Plan of correction implementation status as of <u>7/6/17</u> (Date)
The above plan of correction was approved by <u><i>AM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The common bathroom located on the first floor at the end of the hall had the following:
 - The edges of the privacy curtain in stall #1 were stained and dirty. The walls in are in disrepair and need painting, the shower and tub are stained and the floor behind the door and the back of the door were dirty.
 - The sink, in the 3rd stall under the window, was not secured to the wall.

The common bathroom on the second floor had the following issues:
 - The paint on toilet seat was worn and exposing a wooden surface. The shower stall was heavily stained and the sink was not properly secured.

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 wooden toilet seats have been replaced with plastic toilet seats in order to prevent future worn surfaces. All showers, tubs, and restroom floors have been acid washed to remove any residual calcium build up stains. The privacy curtains in which this citation refers have already been removed and replaced with doors and the remaining privacy curtains will be removed and replaced with doors within 10 days. Within 45 days all Resident restroom and hallway sinks will be secured and walls that are in disrepair surrounding these fixtures will be resurfaced with a laminate material in order to prevent future water damage. All employees have been trained on identifying and reporting disrepair in restrooms. In addition, the Administrator will monitor the condition of the restrooms monthly for six months and biannually thereafter.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator*

Date *6/19/17*

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

The above plan of correction is approved as of *7/6/17*
 (Date)

Plan of correction implementation status as of *7/6/17*
 (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: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION
 On 5/4/17 at approximately 4:00 p.m. the hot water temperature at the sink in the common bathrooms on the first and second floor, used by residents, measured 125 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 hot water temperature in areas accessible to Residents has been reduced below the 120 degree threshold and has already been periodically checked for accuracy which have read the following: 117.8 degrees, 116.9 degrees, and 116.7 degrees. The Administrator will continue to check the hot water temperature in areas accessible to Residents on a monthly basis for the period of six months and biannually thereafter to assure that the hot water temperature does not exceed 120 degrees. In addition, all employees have been trained on how to check the water temperature before assisting a Resident with showering.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *6/19/17*

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

The above plan of correction is approved as of *7/6/17*
 (Date)

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

Plan of correction implementation status as of *7/6/17*
 (Date)

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

Violation Report: 13905 - 04/27/2017 - Weaver, Tina PCH Name: PENN ASSISTED CARE	
1. REGULATION 65 Pa.Code §2600 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.	
2a. DESCRIPTION OF VIOLATION - The outlet over the bed in room #7 is in disrepair. - The curtain rod in room #7 is broken and in disrepair.	
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 outlet over the bed in room 7 was in fact not in disrepair but the small hole near the outlet cover in room 7 in which this citation refers has been patched. The curtain rod in room 7 has been replaced. All employees have been trained on identifying and reporting disrepair in bedrooms. In addition, the Administrator will monitor resident rooms on a monthly basis for the period of six months and biannually thereafter to assure that all furniture and equipment are in good repair, clean, and free of hazards and to address any issues where any furniture and equipment may become in disrepair.</p>	

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Alex Mains</i>
--	-------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Alex Mains, Administrator</i>	<i>6/19/17</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>7/6/17</i> (Date)	Plan of correction implementation status as of <i>7/6/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There are holes in the lower right and left side of the home's siding providing an opening for vermin.

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 holes in the home's siding have been patched to address any opening where vermin might enter. The Administrator has addressed the issue with the landscaping company to prevent any future holes in the home's siding caused by the landscaping company's equipment. In addition, the Administrator will monitor the siding once a month for the period of six months and biannually thereafter to assure the issue has been resolved.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator*

Date *6/19/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/6/17
 (Date)

Plan of correction implementation status as of 7/6/17
 (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: 13905 - 04/27/2017 - Weaver, Tina PCH Name: PENN ASSISTED CARE		
1. REGULATION 55 Pa.Code §2600 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens, and blankets that are clean and in good repair.		
2a. DESCRIPTION OF VIOLATION The bed linens in rooms # 21 and # 90 were threadbare.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>		
<p>All bed linens have been checked for having been threadbare, disposed of and replaced. Effective immediately it will be the policy of Penn Assisted Care that any time a direct care staff person identifies a bed linen as having been threadbare that the bed linens be immediately disposed and replaced with new linens. All employees have been trained on identifying and reporting disrepair of linens. In addition the Administrator will monitor bed linens once a month for the period of six months and biannually thereafter to assure compliance with this policy.</p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>7/6/17</u> (Date)	Plan of correction implementation status as of <u>7/6/17</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	

Violation Report: 13905 - 04/27/2017 - Weaver, Tina PCH Name: PENN ASSISTED CARE		
1. REGULATION 55 Pa.Code §2600. 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.		
2a. DESCRIPTION OF VIOLATION - On 4/27/17, there was an unidentified liquid pooled at the bottom of the refrigerator, used for resident beverages. - On 4/27/17, the bottom of the kitchen cabinets had food spillage.		
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 refrigerator in which this citation refers is located in the pantry which is separate from the kitchen and is inaccessible to Residents, and is in fact not used for Resident beverages. This refrigerator has been thoroughly cleaned. The kitchen cabinets have been cleaned and have had liners placed in them. Effective immediately it will be the policy of Penn Assisted Care that direct care staff working in the capacity as a dietary aide clean these surfaces to assure cleanliness on a weekly basis. All employees have been trained on cleaning, monitoring, and reporting sanitation in dietary areas. In addition, the Administrator will examine the refrigerators and cabinets on a monthly basis for the period of six months and biannually thereafter to assure compliance with this policy.</p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>7/6/17</u> (Date)	Plan of correction implementation status as of <u>7/6/17</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	

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION
 A bag of flour in the kitchen cabinet was observed opened and unsealed.

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 flour in which this citation refers and all other opened and unsealed food items have been disposed. All direct care staff working in the capacity as a dietary aide have been trained on proper storage of opened food items. In addition, the Administrator will monitor the food storage areas to assure that food is stored in closed or sealed containers once a month for the period of six months and biannually thereafter to assure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *6/19/17*

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

The above plan of correction is approved as of 7/6/17
 (Date)

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

Plan of correction implementation status as of 7/6/17
 (Date)

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

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The fire drill log did not include the year the fire drills were conducted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date each page.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring in the future. If steps cannot be completed immediately, include dates by which the steps will be completed.
The fire drill log has been updated to include the year for each fire drill conducted. Hereafter, when recording a fire drill the Administrator will include the year the fire drill was conducted on the fire drill log. The Care Coordinator will monitor the fire drill log monthly for six months and biannually thereafter to assure the years are included when recording fire drills.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Alex Marios*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alex Marios, Administrator* Date *6/19/17*

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

The above plan of correction is approved as of *7/6/17*
(Date)

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

Plan of correction implementation status as of *7/6/17*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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
 On 4/27/17, Residents # 2, 3 and 4's glucometers were not calibrated to the date or time.

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 #2, #3, and #4's glucometers have been recalibrated to the proper date and time. Effective immediately it will be the policy of Penn Assisted Care to calibrate glucometers to the proper date and time upon initial use of the glucometer. All direct care staff working in the capacity of a medication technician have been trained on calibrating glucometers to the proper date and time, see attached documentation. In addition, the Administrator will review Resident glucometers for the proper date and time once a month for the period of six months and biannually thereafter.

access, security, distribution and

All glucometers have been
 of Penn Assisted Care to calibrate
 staff working in the capacity of a
 time, see attached
 proper date and time once a month

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator*

Date *6/19/17*

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

The above plan of correction is approved as of *7/7/17*
 (Date)

Plan of correction implementation status as of *7/2/17*
 (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: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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 procedures for the safe use of medications and medical equipment do not include a policy and procedures for the release and return of medications given to family members or others during home visits.

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.

Penn Assisted Care has developed policies and procedures for the release and return of medications given to family members or others during home visits. All direct care staff that work in the capacity as a medication technician have been trained on this policy. In addition, the Administrator will monitor compliance with this policy monthly for the period of six months and biannually thereafter. See attached documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alex Mains

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

Alex Mains, Administrator

Date *6/19/17*

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

The above plan of correction is approved as of *7/6/17*
 (Date)

Plan of correction implementation status as of *7/6/17*
 (Date)

- Fully Implemented
- Partially Implemented
- Partially Implemented
- Not Implemented

Adequate Progress

Inadequate Progress

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 13905 - 04/27/2017 - Weaver, Tina
 PCH Name: PENN ASSISTED CARE

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 #1's RASP dated 7/20/16, states the resident is independent with toileting and needs prompting and cuing with bladder management and personal hygiene. Documentation notes dated, 1/7/17, 1/10/17, 4/1/17, and 7/4/17 report that Resident #1 experiences episodes of incontinence which are not addressed. In addition, the resident falls on 7/30/16 10/17/16, 2/27/17 and on 3/4/17 were not addressed.

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's RASP has been updated to include prompting and cuing with bladder management, personal hygiene, and falls. All Resident RASPs have been updated to reflect services provided as documented on the progress notes and documentation of medical evaluations. Effective immediately it is the policy of Penn Assisted Care that the care coordinator will review daily all new progress notes and documentation of medical evaluations for any change in the condition of the Resident or services provided and update all applicable Resident RASPs. All employees have been trained on identifying, recording, and reporting changes in Resident conditions. In addition, the Administrator will review all Resident RASPs once a month for the period of six months and biannually thereafter.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Alex Mains

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

Alex Mains, Administrator

Date *6/19/17*

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

The above plan of correction is approved as of *7/6/17*
 (Date)

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

Plan of correction implementation status as of *7/6/17*
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented