



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2017

Mr. George Knox,
Owner/Administrator
Trinity Oaks, Inc.
117 Shady Rest Road
Ellwood City, Pennsylvania 16117

RE: Trinity Oaks II
License #: 458570

Dear Mr. Knox:

As a result of the Department of Human Services' annual licensing inspection on April 28, 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

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AUG 13 2017

Page 2 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 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

The licensing inspection summary, dated 6/3/2016 posted in the unlocked and accessible beauty salon with the resident and staff privacy coding documents attached.

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

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

See PAGE 2A of 15

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/03/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Joseph A Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joseph A Knox Date 6/14/17

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

The above plan of correction is approved as of 8-18-17 (Date)

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

Plan of correction implementation status as of 8-18-17 (Date)

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



Come On Home

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Regulation 2600.17

1. Regulation 2600.17 is important to resident's privacy. It is of utmost importance for the home to make sure all resident information is kept private and secure.
2. This is a repeat violation for the home. The regulation was violated by having a copy of our past year's violation report on hand in the beauty salon behind our current license. Last year's report still had the privacy coding still attached.
3. We thought keeping a copy of the report with our license made it available to whomever would need it. However; we over looked the back page when copying.
4. During the inspection the previous violation report copy was removed and destroyed.
5. In the future the home shall a triple check method in which three people will check a document before posting. Each person will check the document and if any area does not meet privacy standards than it will not be posted until it meets all requirements. The home will also train its staff yearly on proper resident's privacy. New staff will be trained upon hire. Also to further secure our residents safety our administrator will do weekly checks of any and all posted materials to in home to make sure they are without fault.
6. In our triple check method, the administrator, the assistant administrator and their assistant will all be responsible for keeping documents like previous inspection reports confidential. Likewise, we will all train staff yearly on privacy and new staff upon hire. These three coupled with our administrator checking weekly will allow us no further violations in this area.

Joe A. Kil Revised 8/11/17
 Joseph A. Knox

8-18-17

AUG 13 2017

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 persons A and B did not receive training on the required Medication Self-Administration training during the training year (January 2016 to December 2016):

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

See page 3A of file

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joe A Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Joseph A Knox** Date **6/14/17**

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

The above plan of correction is approved as of 8-14-17 (Date)

Plan of correction implementation status as of 8-18-17 (Date)

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

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

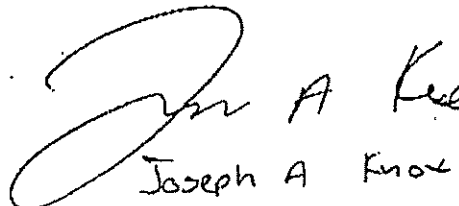


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Regulation 2600.65(f)

1. Regulation 2600.65(f) is important because it sets up the guidelines for the proper training of Direct Care Staff persons. These trainings ensure our staff is properly trained in the area's needed most frequently.
2. Two of the staff persons did not have the medication self-administration training for the year January 16 to December 16.
3. The violation was caused failure of the administrator overlooking this training. We are a full service and our residents do not keep or maintain any medication on their own because of this the administrator overlooked this part of training.
4. The home has been in contact with its pharmacy about setting up a training with all its current staff members. Said training will happen no later than August 1st. A training was done on July 15th 2017 for all current staff on medication administration self-administration.
5. The training has been added to our yearly training calendar and will happen yearly from now on.
6. Administration will be responsible for setting up our yearly calendar for training. They are tasked with making sure all training requirements are met. We have also made up a requirement checklist to help plan out our trainings in a more efficient way.


Joseph A Knox
Revised 8/11/17
8-18-17

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Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Poisonous materials were unlocked, unattended and accessible in the kitchen pantry as follows:

- * A ¾ full gallon of bleach with a manufacturer's label indicating, "contact poison control center if swallowed", on the kitchen floor next to the kitchen sink.
- * A 128oz. ½ full bottle of CLR (Calcium Lime Rust Remover) with a manufacturer's label indicating: "do not swallow", "call a physician if swallowed".
- * Two 14.5oz. cans of EASY Off Oven Cleaner with the warning label, "Causes burns on skin and eyes on contact", "seek medical attention".
- * A plastic container with 10 Wetman Stainless Steel Wipes with a manufacturer's label indicating, "if swallowed, call physician" in the kitchen pantry.

Poisonous materials were unlocked, unattended and accessible in the beauty shop as follows:

- * A 24oz. bottle of Lander Xplosion Mouthwash, approximately ¾ full, with the label "In case of accidental ingestion, contact poison control center".
- * Two, full 8oz. spray bottles of SECURA Personal Cleanser with a manufacturer's label, "in case of accidental ingestion, contact poison control immediately".
- * Two 19oz. cans of Lysol Spray disinfectant, one full, the other approximately 1/3 full with a manufacturer's label "If in eyes, call poison control or doctor".

Residents of the home including resident #1 have been assessed as unable to safely use and avoid poisonous materials.

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

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

See page 4A 0115

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joe A Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joseph A Knox* Date *6/14/17*

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(Date)

Plan of correction implementation status as of 8-18-17
(Date)

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

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



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Regulation 2600.82(c)

1. Regulation 2600.82(c) is important to resident safety. Keeping residents safe and out of harm's way is the goal of every home. This regulation sets up the guidelines for proper storage of poisonous materials.
2. The regulation was violated in two areas of the home our food storage/kitchen area and beauty salon area. Each area had unlocked poisonous materials with warning labels on them.
3. The violation was caused by improper storage of cleaning and personal hygiene supplies by staff. Staff had not properly locked away the materials.
4. The lock to the kitchen door has been replaced with a pin number lock so staff can get in and easy access what they need while keeping the residents safe. This lock automatically locks when the door shuts. The beauty salon cabinet that the supplies were found in had a lock installed on it the day of the inspection and staff continue to use it properly. Locks are a good safety measure but we count on all of our staff to notice poisons and correct the issue. However sometimes things slip through the cracks so we have appointed our head housekeeper as poison control. Her job is to daily go through the home and check for any and all poisons. When the head housekeeper is off the task will fall to her assistant housekeeper.
5. Currently we are using education about what can and can't be left out in the open with all of our staff. Trainings on proper storage and a proper detection will be done with every new hire and upon every staff meeting. We feel that with the proper locks now in place our staff is fully able to protect our residents.
6. We trust all of our staff to keep poisonous materials locked and away from resident whom may not know they are dangerous. Also administration will keep educating our staff to help them best achieve this goal. By appointing our housekeepers to be poison control it allows us to have a safer daily environment.

Joseph A. Knox
Joseph A Knox

Revised
8/11/17

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Page 5 of 15

Violation Report: 46857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered construction dumpster next to the back deck by Exit #7. There was discarded construction and other waste in the dumpster.

The black garbage can on the back deck to the left of Exit #7 was uncovered. There was trash in the garbage can.

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

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

SEE PAGE 5A OF 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joseph A Knox

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

Joseph A Knox

Date

6/14/17

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The above plan of correction is approved as of

8-18-17
(Date)

Plan of correction implementation status as of

8-18-17
(Date)

This above plan of correction was approved by

JAK
(Initials)

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

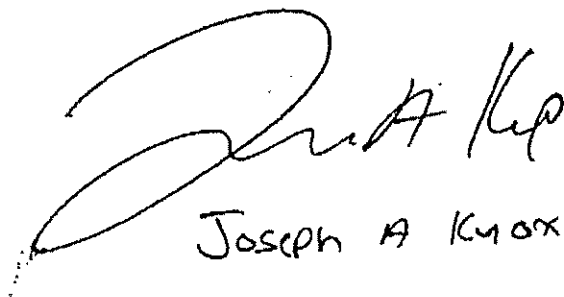


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Regulation 2600.85(e)

1. Regulation 2600.85(e) is important to keeping the home safe and free of any unwanted rodent or insect visitors. By keeping proper lids on receptacles we lessen the likelihood of those animals being able to infiltrate our residence.
2. We had a construction roll off dumpster and black wheeled garbage can outside the rear of the home for debris from a remodel that had just been completed in the home. Both the dumpster and garbage can were full and ready for pickup.
3. Large roll off dumpsters to our knowledge do not come with lid covers. In the case of the black wheeled can the lid had not been placed on it due to the length of debris inside of it.
4. On the day of the inspection the dumpster company came and removed the large roll off. The small can was emptied into the larger dumpster before its departure.
5. In the future the home will not use large roll off dumpsters on site. They will instead truck any remodeling debris and things of that nature to an offsite location. In the case of the black garbage can the home will make sure that it only puts debris that fit proper in a can with a lid. If a debris is too big to fit in the can it will also be trucked offsite. Our maintenance staff is responsible for daily checks to make sure everything is being stored or discarded in the proper manor.
6. Maintenance/Cleaning staff are responsible for making sure each garbage receptacle has a proper lid by doing daily checks. We also encourage all of our staff to maintain proper garbage storage throughout the facility on a daily basis.


Joseph A Knox

Revised
8/11/17

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Page 8 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

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

There was a loose 3' by 3' piece of plywood covering a 2½' by 2½' hole in the floor of the refrigerator room near exit #3. The hole in the floor leads to the crawlspace under 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.

See page 6 of 16

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Dr A Knox

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

Joseph A Knox

Date *6/14/17*

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

The above plan of correction is approved as of 8-14-17
(Date)

Plan of correction implementation status as of 8-19-17
(Date)

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

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



Come On Home

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Regulation 2600.88(a)

1. Regulation 2600.88(a) states the home must maintain its physical site and the home must be free of hazards and in good repair. This is very important because the home must provide the safest home possible community for its residents.
2. During inspection it was discovered that the board covering a hole used in a recent plumbing fix was not properly screwed down. This hole leads to underneath the home to our plumbing.
3. During a recent remodel the board was loosened to allow maintenance staff under to get at the plumbing work. Upon finishing of the project the board was not properly screwed down but just laid over top of the hole.
4. Upon discovery maintenance properly screwed down with 3inch grip rite screws and another piece of plywood ovetop so no one is able to get at the screws below.
5. In the future after using the hole the staff members will make sure its properly screwed down so no one is able to get at the hole. To further make sure our building is safe the maintenance staff will do weekly checks of the home for lose boards or any hazard.
6. Maintenance is responsible for making sure this is done each time. Maintenance will do their weekly checks and fix anything that needs it. However, we encourage all of our employees to come forward with any safety issue so we can properly address them for our residences safety.


Joseph A Knox

Revised
8/11/17

8-18-17

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Page 7 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required telephone numbers are posted on or by the hallway telephone nearest room #26.

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

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

See page 7A of 15

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 6/14/17

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

The above plan of correction is approved as of 8-18-17
(Date)

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

Plan of correction implementation status as of 8-18-17
(Date)

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



Come On Home

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Regulation 2600.91

1. This regulation states that the home has all the numbers of emergency services and personal care home complaint hotline posted by each phone that dials outside. This is important because in case of emergencies making the numbers easily accessible will help emergency personal get to the home quicker. It is also important that the compliant hotline number be available for anyone to use when need.
2. The home recently had a new phone system installed. The phones feature a PA system and other features that the previously were lacking. During installation the phone in question was added as a new phone. Since it was in a new location staff did not realized that the number were not present next to the phone.
3. The violation was cause by staff not putting the numbers up next to the phone.
4. Upon discovery during the inspection staff placed the numbers next to the phone.
5. In the future if or when a new phone is placed a number print out will be attached to the phone at the moment of installation.
6. Administration is responsible for making sure the phone number are there and correct. Administration will update any number upon notification of its change.

Joseph A Knox
Joseph A Knox

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8-18-17

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AUG 13 2017

Page 8 of 15

Violation Report: 45867 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
There is no handrail at the step by the emergency exit from the kitchen that leads to the parking area.

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

See page 8A of 16

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/03/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Joe A Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Joseph A Knox Date 6/14/17

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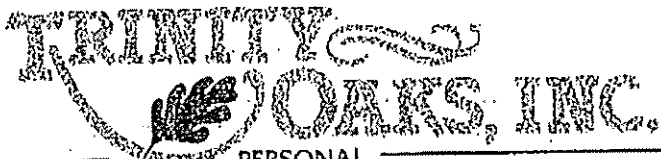
The above plan of correction is approved as of 8-18-17
(Date)

Plan of correction implementation status as of 8-18-17
(Date)

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

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

Page 8 of 11



Come On Home

PERSONAL CARE CENTERS

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Regulation 2600.93(a)

1. Regulation 2600.93(a) is key to making sure each exit is safe for residents to evacuate. This regulation helps insure resident's safety in case of an emergency.
2. During the inspection of the outside of our building it was noticed that there was not handrail or handle going outside of our kitchen entrance or exit. Being a step and no handle it may be difficult for someone to step up or down who has ambulatory issues.
3. The violation occurred because there has never been a handrail their so we can get our trucks and grocery's closest to the entrance.
4. Upon receiving this violation report maintenance has contacted Lowes Home Improvement and ordered a proper handrail and will install said hand rail when it arrives no later than June 30th.
5. In the future maintenance staff will continue to check all exits of the building and to make sure they have proper hand rails. Maintenance will also make sure those handrails that are in use now remain in proper condition.
6. Maintenance staff is responsible for this. However, we encourage any employee to come forward with safety issues anywhere in the home or outside. This allows us to properly and timely handle any issues.

Joseph A. Knox
 Joseph A Knox

6/14/17

8-18-17

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AUG 17 2017

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At approximately 11:00 a.m., there were two opened, undated 27oz. bags of Foothill Farms Dry Cheese Sauce, approximately 1/4 remaining, and one undated 14oz. bag of brown gravy dry powder, approximately 1/4 full.

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

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

See page 9 of 15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joseph A Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Joseph A Knox Date 6-14-17

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(Date)

Plan of correction implementation status as of 8-18-17
(Date)

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

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



Come On Home

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Regulation 2600.103^(g)

1. This regulation is important so that food is properly stored in bags that are sealable. This keep contamination out and our residents' food safe.
2. During the inspection there were two bags of dry cheese sauce open and unsealed and one undated bag of brown gravy open and unsealed.
3. The violation was cause by a new cook who was just learning the job. However, the fault lays in her training about proper food storage and the administration takes full responsibility for that.
4. Upon discovery the bags were discarded.
5. In the future better training for new employees on what the proper way to store things is needed. We are currently working on an employee checklist for new hires in the kitchen that allows them to use it and meet all the requirements necessary. We have also place new signage in the food storage area reminded staff of proper storage methods. Daily checks are done by our administrative assistant.
6. All kitchen staff is responsible for the proper storage off food. However, we are all human so the administrative assistant will do a daily check of any stored food to make sure its properly stored. If something is not, we plan on making it a teaching moment to better help and train or kitchen staff.

Joseph A. Knot
 Joseph A Knot

Revised
 8/11/17

8-18-17

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AUG 17 2017

Page 10 of 15

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45857 - 04/28/2017 - Barono, Barbara
PCH Name: TRINITY OAKS II

1. REGULATION 56 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The freezer in the boiler room across from the kitchen contained undated food items as follows:
* An opened, undated 2½ pound, bag of frozen onion rings with approximately 1 pound remaining.
* An opened, unsealed 2½ pound bag with a single chicken breast.

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

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

See page 10 of 15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joe A Knox*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joseph A Knox* Date *6/14/17*

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- Partially Implemented - Inadequate Progress
- Not Implemented



Come On Home

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Regulation 2600.103(i)

1. This regulation is for food safety and must be maintained for the safety of our residents. No outdate, open bags of food can be left. Everything must have a date and a proper seal upon returning them to their proper storage place. Without proper dates on open food staff cannot be sure the food is safe to eat therefore putting our residents at risk.
2. During inspection it was discovered that a bag of frozen onion rings was open and undated as well as a bag containing a single chicken breast was open and undated.
3. The violation was caused by new kitchen staff member not fulfilling her duty by properly marking the date and sealing the bags back up. Again administration takes full responsibility for this.
4. The food in question was immediately discarded.
5. In the future the home will continue to educate its staff whether it's a new or old employee. Kitchen staff will also be backed up by a member of the administration to help catch anything that's not properly marked or seal and use it as an education moment. More signage was added to insure proper storage.
6. All kitchen staff is responsible for food safety and properly dating and sealing partially used food items. Kitchen staff will be backed up by administration who will be doing checks daily of the food pantry, fridges and freezers to insure everything is properly stored.

Joseph A Knox
Joseph A Knox

Revised
8/11/17

8-18-17 ✓

Aug 13
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AUG 13 2017

Page 11 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 12/12/16. However the home did not record the time of the fire drill in a.m. or p.m.. The fire drill record only indicated "3:15".

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.

See page 11 of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joe A Knox

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

Joseph A Knox

Date 6/14/17

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

The above plan of correction is approved as of 8-18-17
(Date)

Plan of correction implementation status as of 8-18-17
(Date)

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

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

PK 11A 0615

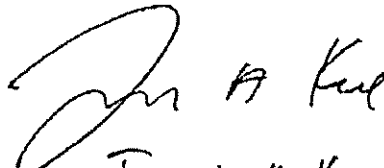


Come On Home

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Regulation 2600.132(c)

1. Regulation 2600.132(c) sets up guidelines for written fire drill logs. This allows the home and state to keep an accurate record of what goes on during fire drills and allows us as owner operators to see room for improvement. Fire drills are extremely important because they train staff and residents alike on the proper routes and procedures to use in an emergency.
2. The regulation was violated when the administrator did not put A.M. or P.M. after the time of the fire drill on 12/12/16.
3. This violation was solely administrator error in not marking the A.M. or P.M.
4. Unfortunately, it was a clerical error. We have gone back in our records to determined it was PM. We have marked that in the book with a note saying the error was made.
5. The administrator handles all the written logs of fire drills. Being human mistakes are made so his assistant administrator will now check the log after each drill to make sure that it has the proper information to satisfy all state requirements. The assistant administrator will also do monthly checks to make sure all is in the proper order.
6. The administrator and his assistant are solely responsible for making sure that the proper information is correct and meets all state requirements. They will make the checks on the day of the drill as well as a monthly check on the 1st of every month.


Joseph A Knox

Revised
8/11/17

8-18-17

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Page 12 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The outdoor smoking area had two white cloth bed pads rolled up on the seat of a plastic chair approximately 2 feet from the butt depot.

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


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

See Page 12 of 15

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)

Joseph A. Knox

Date 6/14/17

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The above plan of correction is approved as of

8-19-17
(Date)

Plan of correction implementation status as of

8-12-17
(Date)

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

The above plan of correction was approved by

JAK
(Initials)

Page 12 of 11



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Regulation 2600.144(c)

1. This regulation sets up the basis for a smoking policy. It is important to remember that smoking can cause fires and that we must be vigilant against any fire hazard.
2. During the inspection it was discovered that in our outside smoking area a staff member had taken two white bed pads out to dry off a wet chair. Instead of bringing them back in the staff person had left the wet bed pads outside on an adjacent chair. Thus leaving flammable bed pads feet away from the butt depot.
3. After a large rain storm the previous night a staff member took bed pads out to dry off a chair instead of bringing them in she left them outside inside the smoking area.
4. The bed pads were removed immediately upon discovery and discarded.
5. We have a commitment to fire safety and we are always watching for something that could cause a fire. This year during our fire safety program we talked extensively on issue like this. We have also placed a rule that all chairs go under our gazebo if it's going to rain. Thus solved the issue of needed to take anything out to dry them off. However, fire hazards can occur without warning. Our maintenance and housekeeping staff now do weekly checks of the building for anything that could potentially be a fire hazard.
6. All staff is responsible for taking fire safety into their own hands. Staff is encouraged to call the administrator 24/7 if they think something is a fire risk. The administrator then will give them instructions on what to do next. Our maintenance and housekeeping staff by doing weekly checks will be able to catch any potential fire hazard before they become an issue.

Joseph A. Knorr
Joseph A Knorr

Revised
8/11/17
8-18-17

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Violation Report: 45867 - 04/28/2017 - Barone, Barbara
PGH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Metalozone 2.5mg tablet, take one tablet by mouth every day. However the medication label indicates Metalozone 2.5mg tab, take one tablet by mouth every other day.

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

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

See page 13 of 17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/03/2016	
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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 6/14/17

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The above plan of correction is approved as of <u>8-19-17</u> (Date)	Plan of correction implementation status as of <u>8-18-17</u> (Date)
The above plan of correction was approved by <u>JK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>p</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.184(a)

1. Regulation 2600.184(a) sets up the proper bottle label for a resident's medications. It states what must be on the bottle, This is important because staff must have clear instructions on how and when to give a resident his proper dosage.
2. During the medication audit it was discovered that one of our resident's medications bottle label did not match the MAR sheet. The MAR is correct and the bottle had the wrong time of days of dosage.
3. This is a repeat violation for us. The violation was caused because the resident in question received a medication change and receives medications from the VA. It is extremely hard to get the VA to change a label or send a new bottle. We had the copy of current discharge for said resident to have the medication days changed and were in the process of getting the new bottle at the time of inspection.
4. The new bottle has arrived from the VA and it states every day instead of every other day.
5. We are currently working with our pharmacy to see if there's away for them to work with the VA to get correct labeling when a medication change occurs. We are hopeful that this is resolved. We also instruct all of our medication passers to read the MAR and bottle to make sure the proper day and dosage is given on a daily basis when passing the pills. By having several sets of eyes crosschecking the bottle and MAR we will be able to eliminate labeling errors.
6. In the future we hope to have something set up with our pharmacy to be able to help us get the correct labels in a timely manner. However, until such time we will continue to push and call the VA if a new label is needed. We will also continue crosschecking bottles and the MAR on a daily basis to insure safety.


Joseph A Knox

Revised
8/11/17

8-19-17

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Page 14 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 includes Metalozone 2.5mg tablet, take one tablet by mouth every day as a diuretic; however, the label on the container of medication indicates Metalozone 2.5mg tab, take one tablet by mouth every other day as water pill.

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

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

SEE PAGE 14A OF 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joseph A Knox

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

Joseph A Knox

Date

6/14/17

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The above plan of correction is approved as of

8-19-17
(Date)

Plan of correction Implementation status as of

8-18-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)



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Regulation 2600.187(a)

1. Regulation 2600.187(a) sets a medication administration record or a MAR. These guidelines allow use to make sure medication is being passed correctly and to the correct person. This record is important to resident safety and well-being and must be correctly marked after each administration.
2. The regulation was violated when the medication bottle for the resident in question did not match what was on the MAR sheet.
3. Due to a medication change the bottle was now incorrect. We had the current orders but were having a hard time getting the VA to send us the correct label for the bottle.
4. We now have the correct bottle label and the MAR and bottle match.
5. We are currently working with our pharmacy and the VA to find a way of getting us the correct labels in a timely manner. Labels will be checked weekly catch any mistakes.
6. In the future we hope to have a system in place to be able to get the label changed in a timely manner. Our staff will continue to do weekly checks of all incoming medications. Until then we continue to work with the VA in getting the correct labels as soon as possible. If a medication change occurs that's VA related they will be notified immediately of the change. We will also keep a copy of the order directly with the MAR of that person.

Joseph A. Knox Revised
8/11/17
Joseph A Knox

8-15-17

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Page 15 of 15

Violation Report: 45857 - 04/28/2017 - Barone, Barbara
PCH Name: TRINITY OAKS II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The most recent photograph in resident #3's record is dated 7/28/13.
The most recent photograph in resident #4's record is dated 2/22/15.

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.

SEE PCH 1520415

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Joseph A Knox

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

Joseph A Knox

Date 6/14/17

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The above plan of correction is approved as of 8-18-17
(Date)

Plan of correction implementation status as of 8-18-17
(Date)

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

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




PERSONAL
CARE CENTERS
Regulation 2600.252

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1. This regulation is important because it sets up our residents file and outlines what is need to be on a what we call front sheet. All this information is critical to the care of our residents and must be maintained and accurate.
2. Upon inspection It was discovered that the residents' files were lacking fresh photos. The photos were outside the two-year window.
3. Upon review of these residents records it was found that they did have a new photo on the computer version but it was never printed out and placed in the physical chart of each resident. This directly falls upon the assistant administrator who handles the electronic records.
4. Even though Each resident had a photo within the time frame online a new photo was taken on June 13th 2017. This photo has been printed and added to their physical record as well as electronic record.
5. In the future when a photo is changed it will be printed out immediately Instead of being left on the electronic record. We have also put in a failsafe on the electronic record to remind us of when a photo needs updated. We have also completed a check of all resident's records and made sure proper photographs with correct time stamps are present in each record.
6. The assistant administrator will handle all photos and photo dates for all residents. It is his belief that with the failsafe reminder that he can get everyone's photo current. By checking of all our records we have greatly reduced the risk of a repeat violation.


Joseph A Knox

Revised
8/11/17

8-18-17 p