



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Ms. Michelle Grimm
Owner/Administrator
Horizon Personal Care Home, Inc.
9 South Morgantown Street
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home
Certificate #: 413830

Dear MS. Grimm:

As a result of the Department of Human Services' annual licensing inspection on May 5, 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 2600**

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: Michelle Grimm		Region: WEST
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/13/2000 Dept. of Labor & Industry		FEB 19 2018 WEST VIRGINIA STATE OFFICE Human Services Administration
Staffing Hours		
Resident Support: 0	Total Daily Staff: 30	Working Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/05/2017: Rahuba, Malt; Knee, Donald		
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: 28 Number of Residents Served: 23 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: 8 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 1

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Page 2 of 14

Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
 PGH Name: HORIZON PERSONAL CARE HOME INC

WEST VIRGINIA UNIVERSITY
 HOSPITAL SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff member A, the home's administrator, completed only 14 hours of 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 person A is a registered nurse in the state of Pennsylvania and completes 30 hours of continuing education annually.

The administrator will ensure all training is recorded and available to inspectors to review.

The administrator will review annual training at least quarterly, to ensure 24 hours of training are completed annually.

[Signature]
 2/21/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARILYN R. GRIMM RN</i>	Date <i>1-2-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/21/18</u> (Date)	Plan of correction Implementation status as of <u>2/21/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST VIRGINIA UNIVERSITY
HUMAN SERVICES TRAINING

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff member B, hired 5/12/04, did not receive training in the following topics during the 2018 training year:

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

Staff member C, hired 6/6/95, did not receive training in the following topics during the 2018 training year:

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

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 employees will now receive all required trainings - copy provided of staff person C. ADMINISTRATION will review monthly for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm RN* Date *1-2-18*

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The above plan of correction is approved as of 2/2/18 (Date)

Plan of correction implementation status as of 2/1/18 (Date)

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

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

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Violation Report: 41383 - 05/05/2017 - Rahuba, Mall
PCH Name: HORIZON PERSONAL CARE HOME INC

FEB 19 2018

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

WEST PHILADELPHIA OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff member C indicated the home frequently uses the same glucometer on various residents. The staff member added that the home will use spare meters, or "whichever meter is in my hand" to measure blood glucose readings to accommodate residents who do not have lancets or test strips. Agents of the Department observed 16 glucometers in the home; however, only 5 residents are currently prescribed blood glucose readings. The ReliOn Prime glucometer, serial #1050RE645088, was used to take blood glucose readings for several residents, to include the following:

- * Resident #1 on 5/5/17 at 5:07 a.m. The blood glucose reading was 130.
- * Resident #2 on 5/5/17 at 5:06 a.m. The blood glucose reading was 98.
- * Resident #3 on 5/5/17 at 5:05 a.m. The blood glucose reading was 129.
- * Resident #4 on 5/4/17 at 1:53 p.m. The blood glucose reading was 127.

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 glucometers & supplies were disposed of on date of inspection. Facility owner purchased all new glucometers & supplies for the residents. All staff persons will be educated on correct procedure for glucometer use, including not sharing glucometer or supplies. All glucometers are kept in individual containers with their own supplies. Administration will monitor the home weekly to ensure sanitary conditions are maintained.

11/29/17 - Agent of the Department received glucometers no longer shared.

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

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

Plan of correction implementation status as of 2/21/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

FEB 19 2018

Violation Report: 41383 - 05/05/2017 - Rahuba, Mail
PCH Name: HORIZON PERSONAL CARE HOME INC

Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last fire safety inspection and fire drill conducted by a fire safety expert was conducted on 12/13/15.

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.

Copy attached
was done on 12-15-16.

Administration will ensure fire inspection
and drill completed annually by a
fire safety expert.

1/22/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Gamm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Gamm RN* Date *1-2-18*

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The above plan of correction is approved as of 1/21/18
(Date)

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

Plan of correction implementation status as of 1/20/18
(Date)

- Fully Implemented
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Violation Report: 41383 - 05/05/2017 - Rahuba, Mall
 PCH Name: HORIZON PERSONAL CARE HOME INC

WEST VIRGINIA STATE POLICE
 NUMBER 330-000-0077/330

1. REGULATION 55 Pa. Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have a safe evacuation time designated in writing within the past year by a fire safety expert. The home's evacuation time exceeded 2 minutes, 30 seconds during the following fire drills:

Date of Drill	Time of Drill	Evacuation Time
* 8/15/16	2:10 p.m.	2 minutes and 45 seconds
* 7/22/16	8:10 a.m.	2 minutes and 35 seconds
* 6/30/16	10:10 p.m.	2 minutes and 45 seconds

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.

*Fire drills were conducted & are all under 2 min + 30 seconds.
 Copy provided - Administration will ensure compliance
 mtt*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle G. Gramm RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Gramm RN* Date *1-2-18*

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The above plan of correction was approved by <u><i>M</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

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Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home conducted a fire drill during sleeping hours on 2/1/17 at 10:00 p.m.; however the previous fire drill conducted during sleeping hours was on 6/30/16 at 10:00 p.m., which exceeded 6 months.

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.

Home conducted a night time drill on 5-5-16.
Copies provided - fire drills during sleeping hours will be conducted q 6 months - admin's visit will assure compliance.

Another sleeping hours fire drill conducted on 9/10/17 at 10:30 p.m.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/29/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm* Date *1-2-18*

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

The above plan of correction is approved as of 2/2/18 (Date)

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

Plan of correction Implementation status as of 2/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 41383 - 05/05/2017 - Rahuba, Mall
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST PHILADELPHIA DISTRICT
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 8/25/16, does not include the resident's weight or ability to self-administer medications. These sections of the form are blank.

The medical evaluation for resident #2, dated 2/2/17, does not include the resident's weight. This section of the form is blank.

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

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

Resident #1 had a new eval completed on 7-24-17 - copy provided
administrator will review evals when pr. completed files

Resident #2 Weight was obtained & documented - adm
will insure compliance -

Immediately - The administrator will review all
newly completed medical evaluation forms to
ensure they are completed in full.

shells

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Gammrin

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

Michelle R. Gammrin

Date 1-2-18

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The above plan of correction is approved as of

2/2/18
(Date)

Plan of correction implementation status as of 2/2/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

WESTERN DISTRICT OFFICE
PART 57.101 (b) (1) (ii) (B) (1)

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #5, dated 9/15/16, does not include a general physical examination, to include the resident's height, weight, pulse rate, blood pressure and temperature. 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.

Resident #5 had a new medical eval completed on 6-1-17. ~~It~~ is incomplete and we are unable to obtain ~~the correct~~ weight & height. Administrators will check all Wabs from many compliance - COPs provided.

Immediately - The administrator will review all newly completed medical evaluations to ensure they are completed in full. *gr 2/21/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle G*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gammien* Date *2/1/18*

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The above plan of correction is approved as of 2/21/18 (Date)

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

Plan of correction implementation status as of 2/1/18 (Date)

- Fully Implemented
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Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST VIRGINIA UNIVERSITY
Human Services Center

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 #2 is prescribed, Novolog Flexpen-Inject units subcutaneously before meals according to the following sliding scale: 141-180=1 unit; 181-220=2 units; 221-280=3 units; 281-300=4 units; 301-340=5 units; greater than 340=6 units and call MD. The resident's record does not include the resident's blood glucose reading, amount of insulin administered, if any, and the site of insulin administration at 7:00 a.m. on 5/1/17 through 5/5/17.

Resident #3 is prescribed, Novolog Flexpen-Inject subcutaneously twice daily according to the following sliding scale: 170-185=2 units; 186-220=3 units; 221-255=4 units; 256-290=5 units; 291-327=6 units; 328-349=7 units; greater than or equal to 350=call MD. The resident's record does not include the resident's blood glucose reading, amount of insulin administered, if any, and the site of insulin administration at 8:00 a.m. on 5/1/17 through 5/5/17 and 5:00 p.m. on 5/1/17 through 5/4/17.

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.

*Reeducated staff on sliding scale proper documentation
Administrators will check weekly for compliance*

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) *Michelle Gamm* Date *2-1-18*

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The above plan of correction is approved as of 2/1/18
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

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Violation Report: 41383 - 05/05/2017 - Rahuba, Mall
PCH Name: HORIZON PERSONAL CARE HOME INC

FEB 19 2018

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

On 5/5/17 at 2:48 p.m., the following medications, prescribed to resident #2, were signed off as administered on the resident's May 2017 MAR by staff member C; however, the medications were still present in the resident's dated roll pack and had not been administered yet:

Medication	Directions	Scheduled Administration
* Gabapentin-300mg	1 capsule every 8 hours	2:00 p.m. and 8:00 p.m.
* Lantus Solostar	15 units at bedtime	8:00 p.m.
* Metoprolol Tartrate-25mg	1 tablet twice daily	5:00 p.m.
* Tamsulosin-0.4mg	1 capsule in the evening	8:00 p.m.

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

Staff member C was informed of the correct procedure for medication administration documentation - administration will check weekly for compliance.

Immediately - All staff who administer medications will be reeducated on proper documentation procedures.

2/21/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Grimm RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Michelle Grimm RN Date 2-18-18

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

The above plan of correction is approved as of 2/21/18
(Date)

Plan of correction implementation status as of 2/21/18
(Date)

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

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Violation Report: 41383 - 05/05/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST PHILADELPHIA REGION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on ; however no preadmission screening was 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.

Preadmission completed on day of inspection.
Administration will check weekly for compliance.
Copies provided.

All new residents will have a preadmission screening form completed within 30 days prior to admission to ensure the home can meet the needs of the resident.

[Signature]
2/21/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grinn RN* Date *2-1-18*

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

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

Plan of correction implementation status as of 2/21/18 (Date)

- Fully Implemented
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- Not Implemented

FEB 19 2018

Page 13 of 14

Violation Report: 41383 - 05/05/2017 - Rahuba, Malt
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on ; however no assessment was 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.

Resident #1 had a assessment completed on 6-9-17.
Administration will check weekly for completion.

Immediately - The administrator will develop and implement a tracking system to ensure all new residents will have an assessment completed within 15 days of admission.

Immediately - The administrator will review the assessments of all current residents to ensure a current, completed assessment is completed.

Pr
2/1/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/29/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Michelle Grimm RN Date 2-1-18

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

The above plan of correction is approved as of 2/1/18
(Date)

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

Plan of correction implementation status as of 2/1/18
(Date)

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Page 14 of 14

Violation Report: 41383 - 05/06/2017 - Rahuba, Matt
PCH Name: HORIZON PERSONAL CARE HOME INC

WEST PHILADELPHIA DISTRICT
HORIZON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on ; however, no support plan was 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.

Resident #1 had a support plan completed on 5-8-17.

Administrator will check weekly for completion.

Immediately - The administrator will develop and implement a tracking system to ensure support plans are completed timely.

Immediately - The administrator will review all resident records to ensure each resident has a current, completed support plan.

J. J. 1/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/29/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Mickelle R. Grimm RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mickelle R. Grimm* Date *2-10-18*

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

The above plan of correction is approved as of 2/21/18 (Date)

Plan of correction implementation status as of 2/21/18 (Date)

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

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