



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to INSPIRIT PALMERTON OPERATOR LLC
LEGAL ENTITY

To operate THE PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 71 PRINCETON AVENUE, PALMERTON, PA 18071
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 14, 2017 until December 14, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226801**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 12 2017

Ms. Amy Kehrer
Regional Director
Inspirit Palmerton Operator LLC
71 Princeton Avenue
Palmerton, Pennsylvania 18071

RE: The Palmerton, an Inspirit Senior Living Community
License #226801

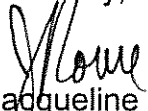
Dear Ms. Kehrer:

As a result of the Department of Human Services' (Department) licensing inspection on May 31, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,


Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: THE PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY		License Number: 22680
Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071		County: Carbon
Administrator: Amy Lynn Gress		Region: NORTHEAST
Legal Entity Name: INSPIRIT PALMERTON OPERATION LLC		
Legal Entity Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071		
Certificate(s) of Occupancy		
I-2 05/23/2017 Borough of Palmerton	I-2 06/16/2010 Brough of Palmerton	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, New		
On-Site Inspections Dates and Department Representatives On-Site		
05/31/2017: OHaire, Anne; Yellenic, Cindy		
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: 70 Number of Residents Served: 59* Secured Dementia Care Unit in Home: Yes Area: first floor Secured Dementia Unit Capacity, if Applicable: 15 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68* 58 <i>AB</i> Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 1	

Violation Report: 21336 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The most recent Licensing Inspection Summaries, dates 7-8-16, 9-27-16, 1-31-17, and 3-16-17, are not posted in a public place.

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 most recent license summaries have been complied and placed near the main bulletin board upon immediate entry into the facility. The public has access to retrieve and review these inspection results. Administrator will be responsible to place all subsequent inspection summaries, as received, at this location and will monitor for continued compliance.

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)

Amy Gress, Interim Administrator

Date 6-5-17

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


The above plan of correction is approved as of

6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: ~~21335~~ - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have carbon monoxide detectors located near the home's gas fired furnace, hot water heater and gas fired clothes dryer located on the first floor of the facility.

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

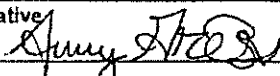
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On the date of inspection, a new carbon monoxide detector was purchased and installed within the specified distance. Please review attached receipt (labeled attachment #1), and picture (labeled attachment #2). Carbon monoxide detectors will be monitored by Maintenance Director daily, and Administrator will ensure continued compliance.

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)

Amy Bress, Interim Administrator

Date 6-5-17

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6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

m
(Initials)

Violation Report: 24335 - 05/31/2017 - O'Haire, Anne
 PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff person "A" DOH [REDACTED] 15, did not complete the Departments required on line direct care competence test.

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

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

Direct care staff person A completed the Certificate of Completion training course on 8/31/2011 (labeled attachment #3). All new hires will receive an orientation training, and will not be allowed to work on the units until they have completed all required DHS training. Administrator and office manager will monitor for continued compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Gress, Interim Administrator* Date *6-5-17*

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The above plan of correction was approved by <u>m</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: 24335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The home did not have documentation for the following direct care staff that they had received the required 12 hours of direct care annual staff training for the training year 01-01-16 through 12-31-16. Direct care staff person "A" DOH [REDACTED] 15 received 5.5 hours of direct care staff training and direct care staff person "B" DOH [REDACTED] 12 had no record that he/ she received any training for the 2016 calendar 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.

The training binder for calendar year 2016 was missing at time of inspection. All direct care staff has and will continue to receive monthly training, totaling 12 hours yearly plus additional hours for dementia care. Direct Care Staff member A and Direct Care Staff member B will be provided with the trainings unaccounted for during inspection. Administrator to schedule additional trainings during calendar year 2017 to make up the hours lost in 2016. Administrator to ensure monthly trainings are scheduled and made up if missed, as well as securing documentation of staff education in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interim Administrator

Date *6-5-17*

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(Date)

Plan of correction implementation status as of

6/5/17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

m
(Initials)

Violation Report: 24336 - 05/31/2017 - O'Haire, Anne
 PCH Name: THE VILLAGE AT PALMERTON

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 person "A" DOH [REDACTED]-15 and staff person "B" DOH [REDACTED]12, did not receive annual direct care staff training for year year 2016 on the following topics:

- 1. Medication self-administration training
- 2. Meeting residents' needs utilizing the residents' RASP's and preadmission screening form
- 3. Care of residents with dementia and cognitive impairments.
- 4. Infection control
- 5. Personal care services needs of the residents care of residents with mental illness or retardation or both if the home serves this population.

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 training binder for calendar year 2016 was missing at time of inspection. All direct care staff has and will continue to receive monthly training, totaling 12 hours yearly plus additional hours for dementia care. Direct Care Staff member A and Direct Care Staff member B will be provided with the trainings unaccounted for during inspection. Administrator to schedule additional trainings during calendar year 2017 to make up the hours lost in 2016. Administrator to ensure monthly trainings are scheduled and made up if missed, as well as securing documentation of staff education in the future.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Gress, Intecim Administrator* Date *6-5-17*

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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

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The following direct care and ancillary staff did not receive training on the required training topics for the training year 2016:

Staff person "A" DOH 12-01-15 did not receive training in The Older Adult Protective Services Act, emergency preparedness and serving new populations.

Direct care staff person "B" DOH 10-23-12 and ancillary staff person "C" DOH 10-15-12 did not received training in the required topics Fire safety, emergency preparedness, Resident rights, The Older Adult Protective Services Act, Falls and accident and serving new populations.

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 training binder for calendar year 2016 was missing at time of inspection. All direct care staff has and will continue to receive monthly training, totaling 12 hours yearly plus additional hours for dementia care. Direct Care Staff member A and Direct Care Staff member B will be provided with the trainings unaccounted for during inspection. Administrator to schedule additional trainings during calendar year 2017 to make up the hours lost in 2016. Administrator to ensure monthly trainings are scheduled and made up if missed, as well as securing documentation of staff education in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interim Administrator

Date *6-5-17*

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6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by

m
(Initials)

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

226800

Violation Report: ~~21333~~ - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

First Aid kit on the 1st floor did not contain goggles.

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 first aide kit has since been stocked with eye wear and locked for future use. Administrator has implemented daily checks of first aide kit. Nursing team to monitor daily and submit log to Director of Nursing daily. Administrator to monitor for continued compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Gross, Interim Administrator* Date *6-5-17*

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The above plan of correction is approved as of *6/5/17*
(Date)

Plan of correction implementation status as of *6/5/17*
(Date)

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

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

226800

Violation Report: 24395 - 05/31/2017 - O'Haire, Anne

PCH Name: THE VILLAGE AT PALMERTON

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

The walk-in cooler had a bowl of chili that was not dated.

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.

Dietary department reminded of regulation and in-service presented by Dietary Director. Please see attached signature form labeled Attachment #4. Dietary Director to implement check off log after each meal signifying that walk in coolers are checked and all meals are dated. Administrator and Dietary Director will be responsible for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interim Administrator

Date 6-5-17

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(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by

m
(Initials)

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

226800

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following food items were not dated: a 2# bag of corn in the freezer, 1/2 bag of Shredded Mozzarella in the cooler, and 5 angel food cakes, 2 partial bags of noodles, 1 partial bag of macaroni, and a partial bag of brown sugar located in the dry storage.

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.

Dietary department reminded of regulation and in-service presented by Dietary Director. Please see attached signature form labeled Attachment #4. Dietary Director to implement check off log after each meal signifying that walk in coolers are checked and all meals are dated. Administrator and Dietary Director will be responsible for continued compliance.

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
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Amy Gress, Interim Administrator

Date

6-5-17

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(Date)

Plan of correction implementation status as of

6/5/17
(Date)


Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by


(Initials)

226800

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home fire drill logs on the following dates reflect that the home used only the west stair tower as the exit route on most of the home's fire drills. The home used only the west stair tower for evacuations on the following dates: 06-28-16; 08-23-16; 09-29-16; 10-27-16; 11-20-16; 12-05-16; 01-24-17; 02-22-17 and 03-27-17.

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.

As advised by fire inspector, the west stairwell is the fire safe stairwell in the facility. In the future, we will alternate escape routes and have outdoor drills during the warmer months. Administrator to ensure continued compliance.

The administrator shall know how many exits the home has and will alternate exit routes during monthly fire drills.
m
6/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interim Administrator

Date 6-5-17

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m
(Initials)

226800

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1, date of admission [redacted] 16, most recent DME was dated 4-24-17. There was no initial DME available for resident #1.

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 pre dates current administration team. New admissions are required to present DME within DHS specified time frame. Director of Nursing will continue to ensure that new admissions have DME by MD to comply with regulation. Resident #1 has current DME and will have update as it is due. Administrator to ensure continued compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Gress, Interim Administrator* Date *6-5-17*

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(Date)

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(Initials)

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- Not Implemented

226800

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne

PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 2, date of admission [redacted] 17, Section 8 (Body Positioning) of the DME, dated 5-10-17, was not completed.

Resident # 3, date of admission [redacted] 17, Section 1 (General Physical Examination), Section 2 (Medical Diagnoses), Section 5 (Allergies), Section 6 (Immunization History), Section 7 (Medications/Ability to Self-Administer), Section 8 (Body Positioning) of the DME, dated [redacted] 17, were not completed.

Resident # 4, date of admission [redacted] 17, Section 4 (Special Health and Dietary Needs) and Section 8 (Body Positioning) of the DME, dated [redacted] 17, were not completed.

Resident # 5, date of admission [redacted] 17, Section 9 (Health Status and Cognitive Functioning) and Section 10 (Mobility Needs Assessment) of the DME, dated [redacted] 17, were not 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.

Administrator held in-service with intake team as it regards to proper completion of medical evaluation forms and how to review before acceptance. Please see enclosed signature page of in-service labeled attachment #5. Resident forms to be sent out to MD offices to be updated correctly, and then charted by Palmerton team. Following the violation, all DMEs are to be reviewed and initialed by two staff members before being filed away. Administrator to ensure continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gross

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

Amy Gross, Interim Administrator

Date 6-5-17

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

The above plan of correction is approved as of

6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

m
(Initials)

Violation Report: 21333-05/31/2017 - O'Haire, Anne
 PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's smoking policy states the home does not allow smoking inside the facility or on the grounds outside of the building. The far side of the building, near the home's bus were two smoking stacks and a sign that read "Designated Smoking Area". The home is not following their smoking policy.

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

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

The sign for designated smoking area has since been removed as the facility is a non smoking facility. "Non Smoking Facility" signs are placed on each exit door. Administrator to ensure continued compliance.

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)

Amy Bress, Interim Administrator

Date 6-5-17

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

The above plan of correction is approved as of

6/5/17
 (Date)

Plan of correction implementation status as of

6/5/17
 (Date)

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

The above plan of correction was approved by

m
 (Initials)

226800

Violation Report: ~~21335~~ - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's bus had a tube of triple antibiotic ointment that expired 10/16.

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

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

The expired antibiotic ointment was immediately removed from the bus and a new ointment was purchased and added to the traveling first aide kit. Please see enclosed receipt labeled attachment #6. Activity Director will do weekly check of first aide kit and initial log to ensure that all items are present and intact. Administrator to monitor for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interior Administrator

Date *6-5-17*

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

The above plan of correction is approved as of

6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by

m
(Initials)

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

226800

Violation Report: 21395 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

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 #5, date of admission [redacted] 17, the pre-admission screening form did not indicate that the home could meet the resident's needs.

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.

Administrator held in-service with intake nursing team as it regards to proper completion of prescreen assessment form. Please see enclosed signature page of in-service labeled attachment #7. Following the violation, all prescreen assessment forms are to be reviewed and initialed by two staff members before being filed away. Administrator and Director of Nursing to ensure continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Intecim Administrator

Date 6-5-17

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The above plan of correction is approved as of

6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

226800

Violation Report: 21335 - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

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 #6, date of admission [redacted] 16, initial Resident Assessment and Support Plan (RASP) was dated [redacted] 16, and the resident's annual RASP was dated 4-24-17.

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.

Administrator held in-service with intake nursing team in regards to timely completion of all resident support plans. Please see enclosed signature page of in-service labeled attachment #8. The Palmerton has recently begun using the Tabula Pro system which creates a ticker system for all plans in order to ensure compliance with residents yearly required forms. Director of Nursing to oversee, review, and ensure timely completion of all RASPs. Administrator to ensure continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Gress

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

Amy Gress, Interim Administrator

Date *6-5-17*

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The above plan of correction is approved as of

6/5/17
(Date)

Plan of correction implementation status as of

6/5/17
(Date)

The above plan of correction was approved by

m
(Initials)

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

Violation Report: ~~24335~~ - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #7's Resident Assessment and Support Plan (RASP), dated 11-15-16 did not identify that the resident was receiving Hospice, the date the resident started Hospice, and the accountability of the resident's needs.

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.

Administrator held in-service with nursing team in regards to updating of resident support plans as needed. The support plan of Resident #7 has since been corrected, identifying resident as a hospice patient. Director of nursing to oversee resident support plans and ensure timely updates in regards to change of resident status. Administrator to ensure continued compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Gross, Interim Administrator* Date *6-5-17*

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction implementation status as of <u>6/5/17</u> (Date)
The above plan of correction was approved by <u>m</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

226800

Violation Report: ~~24335~~ - 05/31/2017 - OHaire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 7's, date of admission [redacted] 13, Resident Assessment and Support Plan (RASP) was not signed by the resident, nor were there any indications of the resident's inability or refusal to sign the RASP.

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 support plan dated [redacted] 13 predates the current administration team. In subsequent plans, where residents refuse or are unable to sign, documentation is added to signify occurrence. Director of Nursing to oversee the proper and timely completion of all RASP. Administrator to ensure continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Gress*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Gress, Interim Administrator* Date *6-5-17*

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The above plan of correction is approved as of *6/5/17*
(Date)

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

Plan of correction implementation status as of *6/5/17*
(Date)

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

226800

Violation Report: ~~21335~~ - 05/31/2017 - O'Haire, Anne
PCH Name: THE VILLAGE AT PALMERTON

1. REGULATION 55 Pa. Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The DME for Resident #2, dated 3/23/17, was whited out and 5/10/17 written over in ink. The entry on the resident's DME was not permanent.

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 DME of resident #2 was whited out by MD office prior to being submitted to the facility. Director of Nursing made aware of accepting any documents with white out, and has submitted request for new DME from resident's MD office (please see attachment #9). In the future, no forms will be accepted that appear to have had white out or tampered with in any way. Director of Nursing to oversee forms before they are charted. Administrator to ensure continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Gress*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Amy Gress, Interim Administrator* *6-5-17*

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

The above plan of correction is approved as of *6/5/17*
(Date)

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

Plan of correction implementation status as of *6/5/17*
(Date)

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