



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Mr. James Ciocarello  
Administrator  
Wilbri, Inc.  
206 Lane Avenue  
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home  
Certificate #: 424090

Dear Mr. Ciocarello:

As a result of the Department of Human Services' annual licensing inspection on June 27, 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](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: LANE AVENUE PERSONAL CARE HOME  |  | License Number: 42409   |
| Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767  |  | County: Jefferson   |
| Administrator: James Ciocarello   |  | Region: WEST  |
| Legal Entity Name: WILBRI INC   |  |   |
| Legal Entity Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767   |  | <b>RECEIVED</b>   |
| Certificate(s) of Occupancy<br>C-2 LP<br>05/19/1993<br>Labor and Industry   |  | NOV 22 2017<br>WEST REGION FIELD OFFICE<br>Human Services Licensing |
| <b>Staffing Hours</b>   |  |   |
| Resident Support: 0   | Total Daily Staff: 26  | Waking Staff: 20  |
| Type of Inspection: Full  | BHA Docket Number:   | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal  |  |   |
| On-Site Inspection Dates and Department Representatives On-Site<br>06/27/2017; Garrigan, Laurie; Marini, Michael  |  |   |
| Off-Site Inspection Dates and Inspectors, if Applicable   |  |   |
| Other Details   |  |   |
| Partial or Full Triggers:   |  | Random Indicators:  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |   |
| Licensed Capacity: 42<br>Number of Residents Served: 26<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 26<br>Are 60 Years of Age or Older: 7<br>Have Mental Illness: 17<br>Have an Intellectual Disability: 4<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |   |

NOV 22 2017

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION.

At 1:20 p.m., the resident privacy coding document, to include name of resident #1, was attached to the licensing inspection summary, dated, 8/2/16, and posted on the bulletin board by the nurse's station.

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

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

RESIDENT #1'S NAME HAD BEEN REMOVED DURING THE INSPECTION FROM THE RESIDENTS PRIVACY CODING DOCUMENTS POSTED ON THE BULLETIN BOARD BY THE NURSE'S STATION.

IN THE FUTURE THE ADMINISTRATOR AND/OR OWNERS WILL CHECKS TO ASSURE RESIDENT RECORD PRIVACY THE OWNER/ADMINISTRATOR WILL CONTINUE TO CHECK EVERY MONDAY ALL A POSTINGS TO ASSURE RESIDENT PRIVACY. STAFF WILL BE INFORMED BY A STAFF MEETING OF WHAT IS APPROPRIATE TO BE POSTED ON BULLETIN BOARDS AND NOTICES.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*James T. Ciocarello*

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

JAMES T. CIOCARIELLO, ADMINISTRATOR

Date 9-12-2017

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

The above plan of correction is approved as of

12-6-17  
 (Date)

Plan of correction implementation status as of 12-6-17  
 (Date)

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

The above plan of correction was approved by

K  
 (Initials)

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has numerous fossil-fuel burning devices, to include a gas stove and boiler.

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

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

CARBON MONOXIDE ALARMS (3) HAVE BEEN INSTALLED <sup>MORE THAN</sup> ~~WITHIN~~ 15 FEET OF THE GAS STOVE AND boiler. The ADMINISTRATION AND OWNER WERE NOT AWARE OF THIS REGULATION WHICH WAS ENACTED 6-23-16.

The owner will assure that the detectors are OPERATIONAL AND WORKING in the future.

SEE RECEIPT ATTACHED IF AN ALARM MALFUNCTIONS THE OWNER WILL REPLACE IT WITHIN 24 HOURS. THE OWNER WILL CHECK THE ALARMS EVERY WEEK ON MONDAY TO BE SURE ALL ALARMS ARE WORKING.

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

Signature of Legal Entity Representative (Required on EVERY Page) James T. Ciocarello

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. Ciocarello, ADMINISTRATOR      Date 9-12-2017

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>12-6-17</u><br>(Date)       | Plan of correction implementation status as of <u>12-6-17</u><br>(Date)   |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The home is video recording in the following interior common areas of the home:

- \* Interior smoking room
- \* Formal living room
- \* The hallway of bedrooms #8 through #14
- \* Dining room
- \* 2 cameras at the nurse's station

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 OF NOVEMBER 21, 2017, ALL CAMERA RECORDING MODE HAS BEEN DISABLED. ALL CAMERAS WILL ONLY MONITOR THE FACILITY

Immediately; The Admins for shall check the video monitoring system monthly to ensure the system is not recording. 12-6-17g

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *James T. Ciocarello*

|   |                 |
|---|-----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) JAMES T. CIOCARELLO | Date 11-23-2017 |
|---|-----------------|

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The above plan of correction is approved as of 12-6-17  
(Date)

Plan of correction implementation status as of 12-6-17  
(Date)

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

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

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A heavy accumulation of dust and dirt covered the ceiling vents in the following bathrooms:

- \* Bathroom next to bedroom #13
- \* Bathroom next to bedroom #14

At 1:51 p.m., there were approximately 25 cigarette butts and a can of Derringer snuff tobacco in large can near the exit door by bedroom #3. This is not the home's designated smoking section.

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 ceiling vent in the bedroom next to bedroom #13 and #14 have been cleaned and now no longer dust covered. The administrator/owner will check the building ~~regularly~~ <sup>every Monday</sup> to assure sanitary conditions shall be maintained.

The cigarette butts and snuff container have been removed and residents can smoke in the designated smoking section. The admin/owner will periodically monitor the building to assure that residents smoke only in the designated smoking areas. This monitoring shall be done at least once a week.

Staff shall be informed at a staff meeting of all smoking regulations and will be encouraged to monitor resident smoking.

Immediately: A designated staff person shall check the home daily to ensure sanitary conditions are kept.

Repeat Violation: No Date(s) of Previous Violation(s): 12-6-17

Signature of Legal Entity Representative (Required on EVERY Page) James T. Ciocarello

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James T. Ciocarello, Administrator Date 9-12-2017

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>12-6-17</u> (Date) | Plan of correction implementation status as of <u>12-6-17</u> (Date)  |
| The above plan of correction was approved by <u>JT</u> (Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

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

2a. DESCRIPTION OF VIOLATION  
At 1:47 p.m., the hot water temperature at the far-right bathroom sink in the old hall was 129.3 degrees Fahrenheit.

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

The WATER TEMPERATURE AT THE FAR RIGHT BATHROOM SINK IN THE OLD HALL HAS BEEN ADJUSTED SO THE TEMPERATURE DOES NOT EXCEED 120°F. THE OWNER WILL CHECK ALL WATER TEMPERATURES EVERY WEEK TO BE SURE THE TEMPERATURE DOES NOT EXCEED 120°F.  
AT A STAFF MEETING, ALL STAFF WILL BE INFORMED OF CHECKING WATER TEMPERATURES BEFORE HAVING A RESIDENT GET INTO THE TUB OR SHOWER.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *James T. Coccarillo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMES T. COCCARILLO, ADMINISTRATOR      Date 9-12-2017

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>12-6-17</u><br>(Date)<br><br>The above plan of correction was approved by <u>J</u><br>(Initials) | Plan of correction implementation status as of <u>12-6-17</u><br>(Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul> |
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NOV 22 2017

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

At 1:00 p.m., the screen for the window in bedroom #9 fell off the track and was lying on the porch, underneath the window.

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 SCREEN FOR THE WINDOW IN BEDROOM #9 HAS BEEN PUT BACK IN. THE OWNER WILL WEEKLY CHECK ALL WINDOW SCREENS TO MAKE SURE THEY HAVE NOT FALLEN OUT.

STAFF WILL BE ENCOURAGED TO REPORT ANY MINOR PROBLEMS TO THE OWNER IF THEY ARE NOT ABLE TO TO FIX IT QUICKLY.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*James T. Coccarello*

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

JAMES T. COCCARELLO ADMINISTRATOR

Date

9-12-2017

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(Date)

Plan of correction implementation status as of 12-6-17  
(Date)

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

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

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

NOV 22 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 1:30 p.m., the following items were stored on the floor in the dry storage room:

- \* 1 case of 24 cans of Brisk Ice Tea
- \* 1 case of 24 cans of Diet Pepsi

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 two cases of pop and tea have been moved off the floor. No food or beverages are on the floor. Staff has been reminded not to even temporarily put any food products on the floor. Administrator and owners will weekly check to be sure nothing is on the floor.

At an inservice meeting, the owner or administrator will stress the importance of safety and following storage regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*James T. Ciocarello*

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

JAMES T. CIOCARIELLO ADMINISTRATOR

Date 9-12-2017

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(Date)

Plan of correction implementation status as of 12-6-17  
(Date)

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

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

NOV 22 2017

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Luzerne County, Pennsylvania

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 1:30 p.m., no thermometer was present in the freezer section of black Frigidaire refrigerator/freezer, located in the kitchen.

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

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

A THERMOMETER HAS BEEN PLACED IN THE FREEZER SECTION OF THE BLACK REFRIGERATOR. THE ADMINISTRATOR/OWNER WILL CHECK WEEKLY TO MAKE SURE ALL REFRIGERATORS HAVE THERMOMETERS. AND TEMPERATURES WILL MAINTAINED IN ACCORDANCE WITH 2600.103(f) 12-6-17  
AT A STAFF MEETING, IT WILL BE STRESSED TO ALL STAFF THAT IF THEY ARE AWARE OF ANY THERMOMETER THAT ARE MISSING TO NOTIFY THE OFFICE IMMEDIATELY. THOSE STAFF MEMBERS WHO WORK IN THE KITCHEN WILL BE ENCOURAGED TO WRITE DOWN ANY REPAIRS NEEDED AND TURN IT INTO THE OFFICE.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/02/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

James T. Coccarello

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

JAMES T. COCCARELLO ADMINISTRATOR

Date

9-12-2017

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12-6-17  
(Date)

Plan of correction implementation status as of 12-6-17  
(Date)

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

The above plan of correction was approved by

J  
(Initials)

NOV 22 2017

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 1:40 p.m., the emergency exit door from the kitchen to the parking lot was locked with a key lock. Staff members indicated they do not have a key to the door.

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 DOOR WAS OPENED DURING THE INSPECTION. THE DOOR IS NOW KEPT UNLOCKED.

THE OWNER WILL ASSURE THE DOOR REMAINS UNLOCKED.

ALL STAFF WILL BE KEPT INFORMED OF THE PROBLEMS THAT CAN DEVELOP IF THE DOOR IS LOCKED.

AT AN INSERVICE PROGRAM IN DEC. 2017 ALL STAFF WILL BE ASKED TO CHECK THE DOOR WHEN THEY ARE IN THE KITCHEN.

Immediately: A designated staff person shall check all stairways, hallways, doorways, passageways and egress routes daily to ensure they are unlocked and unobstructed 12-6-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*James T. Ciocarullo*

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

JAMES T. CIOCARULLO, ADMINISTRATOR

Date

9-12-2017

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

NOV 22 2017

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign at the emergency exit door from the kitchen to the parking lot. Currently, the home serves 26 residents.

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.

AN EXIT sign has been placed at the emergency exit door from the kitchen to the parking lot. The Army owner will assure all exits are properly marked. Each Monday the administrator will check the building to be sure all exit signs are posted and all required postings are up and intact.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *James T. Ciocarello*

|  |                       |
|--|-----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>JAMES T. CIOCARELLO ADMINISTRATOR</i> | Date <i>9-12-2017</i> |
|--|-----------------------|

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

The above plan of correction is approved as of 12-6-17  
 (Date)

Plan of correction implementation status as of 12-6-17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

**1. REGULATION 55 Pa.Code §2600**

WEST REGION FIELD OFFICE  
 Human Services Licensing

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 #2 was admitted to the home on [redacted] 17; however, the resident's medical evaluation was completed on [redacted] 17, which exceeds 60 days prior to admission.

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

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

*IN THE FUTURE, THE MEDICAL EVALUATIONS WILL BE COMPLETED WITHIN 60 DAYS OF ADMISSION. THE FACILITY NURSE AND ADMINISTRATOR WILL JOINTLY MONITOR THIS IN THE FUTURE TO ASSURE COMPLIANCE.*

*THE LTN WILL DEVELOP A CHECKLIST MONITORING SYSTEM TO HELP INSURE THAT ALL MEDICAL EVALUATIONS ARE DONE IN A TIMELY MANNER AND THAT ALL ARE BEING COMPLETED.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*James T. Cocarillo*

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

*JAMES T. COCARELLO ADMINISTRATOR*

Date *9-12-2017*

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

The above plan of correction is approved as of 12-6-17  
 (Date)

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 (Date)

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

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

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent medical evaluation was completed on 1/9/17; however, the previous medical evaluation was completed on 7/8/15.

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.

The time guideline was missed by our LPN. In the future, the nurse and administrator will jointly monitor this in the future to assure compliance.

A checklist monitoring system will be developed by the LPN to assure that all medical evaluations are completed in a timely manner. Staff who administer meds will be encouraged to check when the medical evaluation are completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

James T. Coccarello

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

JAMES T. COCCARELLO, ADMINISTRATOR

Date 9-12-2017

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Plan of correction implementation status as of 12-6-17  
(Date)

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

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

Violation Report: 42409 - 06/27/2017 - Garrigan, Laurie  
PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At 1:00 p.m., 4 blue seat cushions were present on a table in the homes designated smoking room, located inside the home. The tag on the cushions indicated, "This article does not meet California Bureau of Home Furnishings flammability requirements".

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 four blue cushions have been thrown away AND ARE NO LONGER IN THE FACILITY. IN THE FUTURE, THE ADMINISTRATOR AND OWNERS WILL MONITOR THE SMOKE ROOM TO BE SURE ONLY APPROPRIATE ITEMS ARE IN THE ROOM. MONITORING WILL BE COMPLETED WEEKLY 12-6-17  
THE ADMINISTRATOR WILL DO MONTHLY STAFF MEETINGS TO STRESS RESIDENT SAFETY AND TO BE SURE THAT FLAMMABLE ITEMS ARE NOWHERE IN THE SMOKING AREA.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*James T. Ciocarello*

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

JAMES T. CIOCARELLO, ADMINISTRATOR

Date 9-12-2017

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

The above plan of correction is approved as of 12-6-17  
(Date)

Plan of correction implementation status as of 12-6-17  
(Date)

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

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

Violation Report: 42409 - 08/27/2017 - Garrigan, Laurie  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

NOV 22 2017

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

WEST REGION FIELD OFFICE  
 Division Services Licensing

2a. DESCRIPTION OF VIOLATION  
 At 1:15 p.m., the menus posted on the bulletin board were for only 6/27/17 and 6/28/17.

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.

MENUS STATING THE SPECIFIC FOOD BEING SERVED AT EACH MEAL HAVE BEEN PREPARED FOR 1 WEEK IN ADVANCE AND SHALL BE FOLLOWED. WEEKLY MENUS ARE POSTED 1 WEEK IN ADVANCE AND POSTED IN A PUBLIC PLACE IN OUR HOME.

A COPY OF THE MENUS IS ENCLOSED.

THE ADMINISTRATOR WILL WEEKLY CHECK THE MENU TO BE SURE IT IS POSTED AND BEING FOLLOWED CORRECTLY. STAFF AT THEIR SUPERVISOR TRAINING WILL BE ENCOURAGED TO CHECK THE MENU AT LEAST ONCE A MONTH.

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 08/02/2016 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JAMES T. CICCARELLO, ADMINISTRATOR* Date *9-12-2017*

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>12-6-17</u><br>(Date)    | Plan of correction implementation status as of <u>12-6-17</u><br>(Date)  |
| The above plan of correction was approved by <u><i>J</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>P</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |