



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Ms. Joanne P. Tangney,
President/CEO
Success Rehabilitation, Inc.
5666 Clymer Road
Quakertown, Pennsylvania 18951

RE: Success Rehabilitation at Rock Ridge
License #: 127300

Dear Ms. Tangney:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on July 6, 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: SUCCESS REHABILITATION AT ROCK RIDGE		License Number: 12730									
Address: 5866 CLYMER ROAD, QUAKERTOWN, PA 18951		County: Bucks									
Administrator: Susie Pina, David Clayton		Region: SOUTHEAST									
Legal Entity Name: SUCCESS REHABILITATION INC											
Legal Entity Address: 5866 CLYMER ROAD, QUAKERTOWN, PA 18951											
Certificate(s) of Occupancy <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">C-2 LP</td> <td style="width: 33%;">DO</td> <td style="width: 33%;"></td> </tr> <tr> <td>11/15/1995</td> <td>11/15/1995</td> <td></td> </tr> <tr> <td>Commonwealth of PA, L&I</td> <td>Commonwealth of PA, L&I</td> <td></td> </tr> </table>			C-2 LP	DO		11/15/1995	11/15/1995		Commonwealth of PA, L&I	Commonwealth of PA, L&I	
C-2 LP	DO										
11/15/1995	11/15/1995										
Commonwealth of PA, L&I	Commonwealth of PA, L&I										
Staffing Hours											
Resident Support: 0	Total Daily Staff: 21	Waking Staff: 16									
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced									
Reason(s) for Inspection(s) Renewal											
On-Site Inspections Dates and Department Representatives On-Site 07/06/2017: Gray, Dean; Freeman, Sabrina											
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: 35 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 3										

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 violation cannot be corrected because Resident #1 was discharged from Success Rehabilitation Inc. prior to inspection. Upon admission, Resident #1 did receive a copy of the Resident Rights and Complaint Procedures. However, when assembling the records at discharge this document was misplaced. To prevent future violations, the case manager will check to ensure all documentation is properly submitted for filing by using a checklist of required documentation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangway, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOANNE P. TANGWAY* Date *9.11.17*

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

The above plan of correction is approved as of 11/2/17
 (Date)

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

Plan of correction implementation status as of 11/2/17
 (Date)

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PGH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2800
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The floor of the walk in shower in the ladies bathroom has multiple cracks and is in disrepair.

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 floor of the walk in shower in ladies bathroom had been identified in previous monthly safety checks. Attempts were made to repair the floor with epoxy gel and these attempts were noted in Success Rehabilitation Inc's inspection. However, the repairs failed and the epoxy did not hold. A plan to recoat the entire floor was in place but not yet repaired at the time of inspection. Floor was recoated and repaired on 7/20/17. Please see attached pictures. Attachment A and B Success Rehabilitation Inc. will continue to complete monthly safety checks to note and repair any future hazards.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Yvonne P. Tangway, President/CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *YVONNE P. TANGWAY* Date *9.11.17*

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

The above plan of correction is approved as of <u>10/2/17</u> (Date)	Plan of correction implementation status as of <u>11/2/17</u> (Date)
The above plan of correction was approved by  (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: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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

2a. DESCRIPTION OF VIOLATION
 - On 07/06/17, the water temperature in resident #2's private bathroom measured 129.5 degrees Fahrenheit.
 - On 07/06/17, the water temperature in the ladies bathroom measured 125.4 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.

Success Rehabilitation Inc. completes monthly safety checks in all sections of the building which includes checking the hot water temperature. In prior month's checks, these areas did not note hot water temperatures above 120°F. At inspection, Resident #2's private bathroom and the Ladies' bathroom both measured above 120°F. Willie's Plumbing and Mechanical Inc. was called to evaluate the reason for the high temperatures. They found a faulty thermostat upon inspection. Please see attachment C that the thermostat was replaced. Success Rehabilitation Inc will continue to complete monthly safety checks.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Tangney, President / CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Tangney* Date *9.11.17*

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 (Date)

Plan of correction Implementation status as of 11/2/17
 (Date)

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

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 65 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
 On 07/06/17, the temperature in the 2nd basement freezer read 20 degrees farenholt.

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 7/6/17, an hour prior to Success Rehabilitation Inc's inspection, our weekly food delivery was being put away in the 2nd basement freezer. The freezer was being opened and closed frequently causing a spike in temperature. This was noted at the time of inspection and suggestion made to inspector to recheck temperature later in the day to see if temperature had returned to 0°F or below. Inspector declined suggestion to recheck.

Freezer was checked on 7/6/17 at 6pm and temperature read 0°F. Success Rehabilitation Inc will continue to complete daily checks and notate temperatures on log. There have not been any incidents reported where temperature were found above standards to date.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Targrey, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Targrey* Date *9.11.17*

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 (Date)

Plan of correction implementation status as of 11/2/17
 (Date)

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

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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 designated evacuation time from a fire safety expert. The home's fire drill evacuation time on 06/26/17 is 2 minutes and 35 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.

On 6/26/17, Success Rehabilitation Inc staff completed a fire drill during the 11-7am shift. During the drill, one resident refused to get up from his bed which caused Success Rehabilitation Inc staff to go over the designated time of 2 minutes and 30 seconds by 5 seconds. Success Rehabilitation Inc. has identified the residents who may have difficulties with cooperating during future fire drills/fire due to cognitive impairments and side effects of medications surrounding their TBI impairments. Staff have been trained in how to manage/redirect uncooperative residents to evacuate within the evacuation time of 2 minutes and 30 seconds to avoid any future incidents.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/07/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joanne P. Tangway, President/CEO

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

JOANNE P. TANGWAY

Date 9.11.17

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The above plan of correction is approved as of

11/3/17
 (Date)

Plan of correction implementation status as of

11/3/17
 (Date)

The above plan of correction was approved by

JW
 (Initials)

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

Violation Report: 12730 - 07/08/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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

2a. DESCRIPTION OF VIOLATION
 The home lists "All" as the exit route taken on every fire drill for the past 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.

Success Rehabilitation Inc. does not agree with this violation. Since the location of the fire during the monthly drill changes each month in accordance with regulation guidelines, by necessity, alternative routes have to be taken based on where the fire is located. Success Rehabilitation Inc's designation of "All" as the exit routes taken on every fire drill means that "All" available and appropriate exit routes are taken for that specific drill.

The exit route used will be documented on fire drill log. The administrator is responsible for continued compliance @
 Staff will be trained within 30 day request
 Approved plan of correction @

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joanne P. Tanguay, President/CEO

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

JOANNE P. TANGUAY

Date 9.11.17

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The above plan of correction is approved as of 11/2/17
 (Date)

Plan of correction implementation status as of 11/2/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2800

2800.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The basement area uses the stairs to the kitchen as a secondary emergency exit. There are no signs marking this exit. On 07/06/17 the home served 17 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.


Exit sign was installed to mark a more visible secondary exit route on 7/20/17. See Attachment D. Emergency evacuation diagram plans already reflect this secondary emergency exit. Success Rehabilitation Inc. continues to complete monthly safety checks to ensure all emergency signs remain clearly visible.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Toraine P. Tangway, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Toraine P. Tangway* Date *9.11.17*

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The above plan of correction was approved by  (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: 12730 - 07/08/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 66 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 11/18/16, lists "See Addendum" in Section 7 - Medication. No addendum was available.

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 medical evaluation for Resident #1 with the addendum was filed in the resident's medical record but not in the resident's case record. Going forward it will be filed in both resident's records and checked by Success Rehabilitation's Clinical Administrative Assistant to ensure accuracy. Checks of case records and resident's documentation will now include ensuring that addendums are present in medical evaluations by clinical administrative assistant.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Thomas P. Tanjay, President/CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *THOMAS P. TANJAY* Date *9.11.17*

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

The above plan of correction is approved as of *11/2/17*
 (Date)

Plan of correction implementation status as of *11/2/17*
 (Date)

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

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.186(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
 The glucometer for resident #3 is not calibrated to the correct date and time.

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

Resident #3 completes glucometer tests independently. Nursing will review glucometer after every use to note the correct date and time. If not, nursing will assist Resident #3 with calibrating glucometer to reset to reflect correct date and time. Documentation of glucometer readings will note corrections and when corrections made.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Trogan, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOANNE P. TROGAN* Date *9.11.17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/2/17
 (Date)

Plan of correction implementation status as of 11/2/17
 (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: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION -

The medication administration record for resident #4 includes a discontinued medication; Diphenhydramine HCl and Zinc Acetate cream.

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.

This error was corrected at time of inspection. Nursing will review all MARs in a timely consistent manner to ensure that any discontinued medications are noted correctly on the MARs.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangney, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangney* Date *9.11.17*

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

The above plan of correction is approved as of <i>11/2/17</i> (Date)	Plan of correction implementation status as of <i>11/2/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 - There is no documentation stating resident #1 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Success Rehabilitation Inc. shall educate Resident #1 on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept in the resident's case record and medical record. This education with supporting documentation will be completed at the time of a resident's admission into Success Rehabilitation Inc's program and then annually with the resident's case manager.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *David P. Tarney, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David P. Tarney* Date *9.11.17*

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

The above plan of correction is approved as of *11/2/17*
 (Date)

Plan of correction implementation status as of *11/2/17*
 (Date)

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

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

Violation Report: 12730 - 07/06/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 65 Pa.Code §2600
 2600.226(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
 The home has not completed an initial assessment for resident #1, admitted [REDACTED]

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 violation cannot be corrected because Resident #1 was discharged from Success Rehabilitation Inc. prior to inspection. Within 15 days of admission, Resident #1 did have a written initial assessment completed. However, when assembling the records at discharge this document was misplaced. To prevent future violations, the case manager will check to ensure all documentation is properly submitted for filing by using a checklist of required documentation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Tanigley, President/CEO*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. TANIGLEY* Date *9.11.17*

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

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Violation Report: 12730 - 07/08/2017 - Gray, Dean
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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
 The 2016 support plan for resident #3 is signed but dated 08/31/15. The support plan for 2015 is also signed and dated for 08/31/15.

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 case manager assigned to review and create the 2016 support plan with resident #3 made a clerical error during the final review. The inspector reviewed both resident #3's plans for 2015 and 2016 to confirm that there were changes and updated notes from year to year. The only error was that the case manager made a clerical error notating the year 2015 instead of 2016.

To avoid future errors the case managers will meet with the PCH administrator monthly to complete a RAMP review for residents due that month to ensure any clerical errors are found and changed prior to the final review with the resident.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kevin P. Tangway, President/CEO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin P. Tangway</i>	Date <i>9.11.17</i>
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