



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Lori Lasosky
Owner/Administrator
Lasosky's Personal Care Home, Inc.
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home
23 Main Street
Clarksville, Pennsylvania 15322
Certificate #: 418580

Dear Ms. Lasosky:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 6, 2017 and November 21, 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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: LASOSKY S PERSONAL CARE HOME INC		License Number: 41858
Address: 23 MAIN STREET, CLARKSVILLE, PA 15322		County: Washington
Administrator: Lori Lasosky		Region: WEST
Legal Entity Name: LASOSKYS PERSONAL CARE HOME INC		
Legal Entity Address: 200 NOBLES ROAD, BROWNSVILLE, PA 15417		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/02/1998 Dept. of Labor & Industry		OCT 3 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2017: Rahuba, Matt; Hoover, Josh		
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: 25 Number of Residents Served: 16 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: 1 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 13 Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0

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OCT 30 2017

Violation Report: 41858 - 07/06/2017 - Rahuba, Mall
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 10:28 AM, the following items were not posted in a conspicuous and public place in the home:

- The current license
- The most recent Licensing Inspection Summary, dated 8/4/16

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.

Current license and the most recent licensing inspection summary have been placed on the entry way wall.

Manager will inspect facility monthly to ensure proper items are posted in a conspicuous and public place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Lusosky

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

Lori Lusosky, Administrator

Date 10/30/2017

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

The above plan of correction is approved as of 5/30/18
(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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

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

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001 80 2017

Violation Report: 41858 - 07/06/2017 - Rahuba, Mall
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 10:05 AM, the following information for multiple residents, to include residents #1 and #2, was unlocked and unattended in a 3 drawer filing cabinet, located outside of the dining room:

- Resident name
- Date of birth
- Social security number
- Insurance information

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

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

All confidential resident information was removed from file cabinet and placed in locked office.

Manager to make monthly rounds of physical site to ensure compliance with all DHS codes.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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- Not Implemented

RECEIVED

10/30/2017

Violation Report: 41058 - 07/05/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 locks were inoperable on the following 1st floor common bathroom doors and did not allow for privacy while in use:

- Common bathroom next to the dining room
- Common bathroom in the hallway, leading from the living room to the far emergency exit

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.

Locks have been replaced in both bathrooms.

Manager to make monthly rounds of physical site to ensure compliance with all DHS codes.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2016		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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NOV 30 2017

Violation Report: 41858 - 07/05/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff member A was hired on 4/11/17; however the home did not complete a criminal background check until 7/7/17.

Staff member B was hired on 1/27/17; however the home did not complete a criminal background check until 3/17/17.

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

All management staff have been educated regarding proper orientation procedures and necessary documentation for staff files.

All staff records have been reviewed for accuracy and compliance.

Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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(Initials)

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Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
 PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff member C, hired 5/31/16, did not receive training in any topics specified in 2600.65a until 0/2/16.

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.

All management staff have been educated regarding proper orientation procedures and documentation necessary for staff files.

All staff records have been reviewed for accuracy and compliance.

Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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 (Date)

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- Not Implemented

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MAY 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Codo §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff member A, hired 4/11/17, did not receive training in any topics specified in 2600.65b until 7/10/17. Staff member A completed their 40th scheduled hour of work in May, 2017.

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

All Management staff have been educated regarding proper orientation and necessary documentation for staff files.
All staff records have been reviewed for accuracy and compliance.
Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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MAY 30 2017

Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 member B, hired 1/27/17, began providing unsupervised ADL services to residents on 1/27/17; however the direct care staff member did not successfully complete and pass the Department-approved direct care training course and competency test until 7/6/17.

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.

All management staff have been educated regarding appropriate training and documentation required for personnel files.

All staff records have been reviewed for accuracy and compliance.

Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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) Lori Lasosky, Administrator

Date 10/30/2017

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(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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(Initials)

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

Violation Report: 41858 - 07/06/2017 - Rahuba, Mall
 PCH Name: LASOSKY'S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
 Human Services Licensing

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
 Direct care staff member D did not receive training in the following training topics during the 2016 training year:
 * Medication self-administration
 * Care for residents with mental illness or intellectual disability. The home currently services 5 residents with mental illness and 1 resident with an intellectual disability.

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

All management staff have been educated regarding staff educational requirements.

All staff have been trained on the annual topics and training plan has been updated.

Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Lasosky, Administrator</i>	Date <i>10/30/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/30/18</u> (Date)	Plan of correction implementation status as of <u>5/30/18</u> (Date)
The above plan of correction was approved by <u>BB</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: 41858 - 07/06/2017 - Rahuba, Mail
PCH Name: LASOSKY S PERSONAL CARE HOME INC

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 (36 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

Staff member D did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2016 training year.

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

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

Fire safety expert has been notified and to schedule a date to train management staff to complete training.

Management staff have been educated in proper staff training procedures and required documentation for staff files.

Manager will review staff files quarterly for compliance, any trends and patterns will be reported to quality management team.

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) Lori Lasosky, Administrator

Date 10/30/2017

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

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(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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(Initials)

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

RECEIVED

10/30/2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41358 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
At 10:11 AM, 2 - 9 oz. tubes of Loctite Power Grab, with labels indicating "If swallowed, call physician or poison control center" were unlocked and accessible in the first floor storage room. Not all residents of the home, to include resident #3, are assessed capable of recognizing and using poisons safely.

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 is immobile and cannot enter the first floor storage room. Tubes of Loctite power grab have been removed and placed in locked area.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator*

Date *10/30/2017*

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RECEIVED

MAY 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41058 - 07/05/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
There was an uncovered trash can, containing approximately 3" of discarded tissues and paper towels, in the 2nd floor common bathroom.

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.

Trash can has been replaced with a covered trash can.
Manager to make monthly rounds of physical site to ensure compliance with DHS codes.
Any trends and patterns will be reported to quarterly quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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NOV 30 2017

WEST REGION FIELD OFFICE Page 13 of 22
Human Services Licensing

Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
There is no operable outside window or exhaust fan in the common bathroom next to the dining room.

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.

Exhaust fan has been replaced.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori Lasosky

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator*

Date *10/30/2017*

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OCT 30 2017

Violation Report: 41858 - 07/05/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 56 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There is a crack approximately 18" long, beginning at the upper left side and continuing down to the bottom center area of the bottom pane of resident #4's bedroom window.

The bottom-right corner wall in front of the shower stall in the 1st floor common bathroom near the dining room is waterlogged and rotting. A 3 1/2" X 2" section of the corner wall is damaged and missing wood. This area contains broken and crumbling fragments of wall material. A section of floor, approximately 7" wide and shaped like a half circle, extends out from the corner wall and is very spongy and waterlogged. In addition, a 2 1/2" segment of linoleum is peeling off of the section of floor that is waterlogged.

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

Floor has been repaired. New floor covering has been ordered and should be installed by 12/1/2017.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Lori Lasosky, Administrator	Date 10/30/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/30/18</u> (Date)	Plan of correction implementation status as of <u>5/30/18</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

There is no emergency service numbers posted on or near the following telephones:

- * Cordless phone, with an outside line, sitting on the kitchen pass-through
- * 2 cordless phones, with outside lines, sitting on the partial wall to the left and right of the medication cart

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.

Emergency numbers have been posted on each phone in the facility.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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

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The above plan of correction was approved by <u>Bb</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: 41858 - 07/06/2017 - Rahuba, Matt
 PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
 There is no non-skid surface on the wooden exit ramp and stairs, leading from the right side of the home to the parking lot. At 9:58 AM, both the ramp and the stairs were slippery due to recent rains.

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.

Non skid surface has been added to the exit ramp and stairs.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Lasosky, Administrator</i>	Date <i>10/30/2017</i>
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Violation Report: 41858 - 07/06/2017 - Rahuba, Malt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

There is no evacuation diagram posted on the home's 2nd floor.

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.

Evacuation diagram has been posted on the 2nd floor.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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<p>The above plan of correction is approved as of <u>5/30/18</u> (Date)</p> <p>The above plan of correction was approved by <u>LL</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5/20/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 41858 - 07/06/2017 - Raktuba, Mall
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The fire drill records for the following fire drills do not indicate the number of residents in the home at the time of the drill or the number of residents evacuated:

- 1/17/17 at 2:00 PM
- 2/8/17 at 9:00 AM
- 3/13/17 at 5:00 PM
- 4/11/17 at 2:00 PM
- 5/12/17 at 8:00 AM
- 6/13/17 at 5:00 AM

The fire drill records for the following fire drills document the home's census at the time of the drill in the "# of residents in home" section and document the number of residents in the home and number of residents evacuated at the time of the drill in the "# of residents evacuated" section:

<u>Date & Time of Drill</u>	<u># of Residents in Home</u>	<u># of Residents Evacuated</u>
• 8/10/16 at 9:00 a.m.	21	19
• 9/10/16 at 3:00 p.m.	21	18
• 10/2/16 at 5:00 p.m.	17	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.

All management staff have been retrained on proper evacuation procedures and required documentation.

Manager will review fire logs quarterly for accuracy and any trends and patterns will be submitted to quarterly quality management team.

Immediately and at least monthly thereafter - The administrator will review fire drill records to ensure that each record accurately includes all of the requirements of Chapter 2600.132(c). BB 5/30/18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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OCT 30 2017

Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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 #5's medical evaluation, dated 5/9/17, does not include the resident's temperature. This section of the form is blank.

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

Resident #5's medical evaluation has been updated by MD and now includes a temperature.

All resident files have been reviewed for accuracy.

Manager to audit files quarterly for accuracy, any trends and patterns will be submitted to quality management team.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/04/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky, Administrator* Date 10/30/2017

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

The above plan of correction is approved as of 5/30/18
(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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

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

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OCT 30 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41858 - 07/06/2017 - Rahuba, Mall
PCH Name: LASOSKY S PERSONAL CARE HOME INC

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.

2a. DESCRIPTION OF VIOLATION
The current menu posted in the home was from 7/31/17 - 7/19/17.

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.

Dietary manager educated on rules for posting of menu, menu has been updated with 1 week in advance.

Manager to make monthly rounds of physical site to ensure compliance with DHS codes.

Any trends and patterns will be reported to quarterly quality management team.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori Lasosky, Administrator* Date *10/30/2017*

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

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(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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

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

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Violation Report: 41858 - 07/06/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is ordered Hydrocodone/APAP 5-325mg - Take 1 tablet every 6 hours as needed; however, the pharmacy label indicates - Hydrocodone/APAP 5-325mg -Take 1 tablet every 4 to 6 hours as needed.

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.

Pharmacy notified and MAR and label corrected.

Manager to review medication cart quarterly for compliance. Pharmacy to audit cart every 6 months for compliance.

Trends and patterns will be reported to quality management team.

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) Lori Lasosky, Administrator

Date 10/30/2017

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The above plan of correction is approved as of 5/30/18
(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41858 - 07/6/2017 - Rihuko, Matt
 PCH Name: LASOSKY'S PERSONAL CARE HOME, INC

1. REGULATION 55 Pa. Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member D completed initial medication administration training on 12/7/11; however no annual medication administration recertification training was completed in 2012, 2013, 2014, 2015 or 2016. The only annual medication administration certification training completed by staff member D was on 7/11/17. At 9:00 AM on 7/11/17, direct care staff member D administered numerous medications to residents in the home to include the following residents:
 Resident # 6 Citalopram Tab 20mg
 Resident # 5 Lorazepam Tab 0.5mg
 Resident # 6 Alprazolam Tab 0.25mg

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

Staff member D was a certified trainer. Administrator was not aware she was required to also take the med training.
Staff member D was trained by a certified trainer. Administrator has completed that train the trainer course and will be training future staff members.
Manager to audit personnel files quarterly for accuracy and compliance. Any staff who pass meds and do not have med training certification in file will be reported to quality management team.

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OCT 30 2017

WEST REGION FIELD OFFICE
 WEST REGION FIELD OFFICE
 Human Services Licensing

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OCT 30 2017

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 Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lori Lasosky, Administrator			10/30/2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		5/30/18 (Date)	Plan of correction implementation status as of 5/30/18 (Date)
The above plan of correction was approved by		BS (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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LASOSKY S PERSONAL CARE HOME INC		License Number: 41858
Address: 23 MAIN STREET, CLARKSVILLE, PA 15322		County: Washington
Administrator: Lori Lasosky		Region: WEST
Legal Entity Name: LASOSKYS PERSONAL CARE HOME INC		
Legal Entity Address: 200 NOBLES ROAD, BROWNSVILLE, PA 15417		
Certificate(s) of Occupancy C-2 LP 07/02/1998 Dept. of Labor & Industry		RECEIVED MAR 20 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 28	Working Staff: 21
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2017: Rahuba, Matt; Hoover, Josh		
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: 25 Number of Residents Served: 21 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: 3 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 17 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 0	

MAR 20 2018

Violation Report: 41858 - 11/21/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff member A was hired on 10/20/17; however the home did not complete a criminal background check until 11/21/17.

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.

New Hire Checklist was added to Employee Files. Manager to complete New Hire Checklist & send to administrator

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lori Lasosky Administrator Date 3/20/18

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

The above plan of correction is approved as of 5/30/18 (Date)

Plan of correction implementation status as of 5/30/18 (Date)

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

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

MAY 20 2018

Violation Report: 41858 - 11/21/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff member B was hired by the home on 9/20/17; however the staff member did not complete any of the trainings required under 2600.65a until 9/22/17.

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.

*orientation will be added to the new hire checklist, manager to complete & submit to administrator
See Attached*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky Administrator* Date *3/20/18*

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Plan of correction implementation status as of 5/30/18 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 20 2018

Violation Report: 41658 - 11/21/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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 was admitted on 8/31/17; however, the resident's medical evaluation was completed 2/22/17, which exceeds 60 days prior to admission.
Resident #2's initial medical evaluation, dated 7/29/17, does not indicate the date the resident was evaluated. In addition, the evaluation does not include the resident's height, weight, blood pressure or list of current medications. These sections of the form are blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
*New DME was completed, administrator to audit all new admissions for accuracy
See Attached*
Immediately - The administrator will implement procedures that ensure each resident has 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.
BB 5/30/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Lasosky*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LORI Lasosky Administrator* Date *3/20/18*

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MAR 20 2018

Violation Report: 41858 - 11/21/2017 - Rahuba, Matt
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

At 9:59 a.m., there was a loose tablet of Eliquis 2.5mg, located on the floor of bedroom #6. The room was recently occupied by resident #3 who moved out 11/18/17. The resident was ordered Eliquis.

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

All Staff educated to stay with Resident until all medication is taken. Med trainer will monitor this during observations

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lon Lasosky*

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

Date 3/20/18

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

The above plan of correction is approved as of 5/30/18
(Date)

Plan of correction implementation status as of 5/30/18
(Date)

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(Initials)