



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WASHINGTON MANOR PERSONAL CARE HOME LLC
LEGAL ENTITY

To operate WASHINGTON MANOR PERSONAL CARE HOME LLC
NAME OF FACILITY OR AGENCY

Located at PO BOX 1935, 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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

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

and shall remain in effect from March 8, 2018 until September 8, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448631**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 08 2018

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License #:448631

Dear Mr. and Ms. Dougherty:

As a result of the Department of Human Services' licensing inspection on July 24, 2017; July 25, 2017 and October 10, 2017, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 448630 dated July 2, 2017 to July 2, 2018. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 2, 2017 to July 2, 2018, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
187(a)	II	23	\$5	\$115	5 calendar days from mailing date of this letter
187(d)	II	23	\$5	\$115	5 calendar days from mailing date of this letter

17	III	23	\$3	\$69	15 calendar days from mailing date of this letter
141(a)(2)	III	23	\$3	\$69	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Director
 Human Services Licensing
 Department of Human Services
 Room 631 Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
 Director

Enclosures
 License
 License Inspection Summary

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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
 On 7/24/17 at approximately 9:05 a.m., the kitchen area of the home contained unlocked, unattended and accessible resident confidential information as follows:
 * The middle drawer of the blue staff desk contained documents identified as "Consultation Delivery Sheet", to include prescription information for resident #1 for Tramadol.
 * There were multiple documents in the bottom drawer of the two drawer black file cabinet, to include: three documents labeled "Test form" dated 7/17/17, for resident #2 identifying the residents Medicare and Medicaid numbers, date of birth and indicated a diagnosis of nicotine addiction and a diagnosis of dyslipidemia and a letter dated 7/13/17, from SPHS CARE Center for resident #3 indicating the resident is at risk of losing his/her individual therapy sessions due to poor compliance.

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.

See PAGES 2A And 2B of 26

Repeat Violation: *Yes* Date(s) of Previous Violation(s): *10/18/16 rec 4/20/16*

Signature of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of <u>2-9-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.17

The administrator has conducted two meetings educating/reviewing the proper storage of resident records and protecting confidentiality. The administrator will continue reviewing this issue on each training plus continue unannounced checks to ensure compliance by staff. Since the initial meeting staff has improved greatly on this regulation.


John D. Dougherty 08-30-17

2-9-18 ✓

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST PHOENIX OFFICE
Marion County Health Department

1. REGULATION ## 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

On 7/24/17 at approximately 9:05 a.m., the kitchen area of the home contained unlocked, unattended and accessible resident confidential information as follows:

- * The middle drawer of the blue staff desk contained documents identified as "Consultation Delivery Sheet", to include prescription information for resident #1 for Tramadol.
- * There were multiple documents in the bottom drawer of the two drawer black file cabinet, to include: three documents labeled "Test form" dated 7/17/17, for resident #2 identifying the residents Medicare and Medicaid numbers, date of birth and indicated a diagnosis of Nicotine addiction and a diagnosis of dyslipidemia and a letter dated 7/13/17, from SPHS CARE Center for resident #3 indicating the resident is at risk of losing his/her individual therapy sessions due to poor compliance.

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.

Immediately: all items cited in the violation shall be corrected. 2-1-18

Immediately: A designated staff person shall check the home daily on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 2-1-18

Immediately: The administrator shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 2-1-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/16 et al 4/20/16

Signature of Legal Entity Representative (Required on EVERY Page) *Edward P. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Edward P. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 31 2017

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC 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
On 7/24/17, there was no lock on the door of the shared bathroom in bedroom #1 on the bottom floor next to the kitchen of the home to provide privacy.

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.

See Page 3A of 26

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-30-17

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

The above plan of correction is approved as of 2-9-18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 2-9-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.42(s)

The lock was absent from the door since it was the original door handle when the home opened in 1986 that was still on when it was a manager's apartment. The lock was purchased and replaced before the inspectors' left that same day. The administrator checked all other handles and all bathrooms have had locking handles for years. The inspection of locks once a month to ensure proper operation has been added to the physical site list to ensure no future violations occur.

John D. Dougherty 08-30-17
John D. Dougherty

2-9-18g

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Gaorgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
On 7/14/17, 7/18/17 and 7/22/17, there were 25 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 25 hours of personal care services. However, on these dates only 23.75 hours of direct care staffing were provided. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

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

See Pages 4A and 4B of 26

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of 2-9-18 (Date) Plan of correction implementation status as of 2-9-18 (Date)

- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented *g*
- The above plan of correction was approved by *J* (Initials)

2600.57 (b)

The care home disagrees with this violation since the care home provided both administrators' hours instantly showing that we also conducted direct care on these dates. After years of recording our daily hours with the same method the inspectors on this visit said that we need to record the exact hours and write a.m./ p.m. and refused to accept the documentation of our hours that was conducted placing the home in violation. As a plan of correction to ensure no future violations occur with this regulation the care home administrators have changed their recording method of personal hours for direct care and placed these hours additionally on the staff schedule.

John D. Dougherty 08-30-17
John D. Dougherty

2-9-18
2

REGULATIONS

FEB 05 2018

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 85 Pa. Code §2600
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
On 7/14/17, 7/18/17 and 7/22/17, there were 25 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 25 hours of personal care services. However, on these dates only 23.75 hours of direct care staffing were provided. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

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

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments and support plans. 2-1-18

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 2-1-18

Immediately: When the administrator provides direct care services, this shall be indicated on the staffing schedule. Direct care service hours provided by the administrator shall be in addition to hours present in the home in accordance with regulation 2600.56. 2-1-18

Immediately: If either of the home's administrators provide direct care services, the actual time and specific direct care services provided shall be documented on the home's direct care staff schedule. 2-9-18

Immediately: The administrator shall ensure only direct care service hours are included in the direct care staffing calculations. And Ancillary staff hours and administrator hours are excluded when calculating staffing hours to meet compliance with this regulation. 2-9-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>/</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
On 7/14/17, 7/18/17 and 7/22/17, there were 25 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 18.75 direct care staffing during waking hours. However, on these dates only 17.5 hours of direct care staffing were provided during waking hours. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident. At least 75% of the personal care service hours shall be provided during waking hours.

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.

See pages 5A and 5B of 26

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-30-17

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of 2-9-18 (Date)

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

Page SA0126

2600.57 (d)

The care home disagrees with this violation since the care home provided the administrators' hours instantly showing that we also conducted direct care hours on these dates. After years of recording our daily hours with the same method the inspectors on this visit said that we need to record the exact hours and write a.m./ p.m. and refused to accept the documentation of our hours which then caused us to be in violation. As a plan of correction to ensure no future violations occur with this regulation the care home administrators' have changed their recording method of personal hours for direct care and placed these hours additionally on the staff schedule.

John D. Dougherty 08-30-17
John D. Dougherty

2-9-18

REC-120

FEB 05 2018

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGIONAL OFFICE
PCHMONT, PENNSYLVANIA

1. REGULATION 65 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 7/14/17, 7/16/17 and 7/22/17, there were 25 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 18.75 direct care staffing during waking hours. However, on those dates only 17.6 hours of direct care staffing were provided during waking hours. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident. At least 75% of the personal care service hours shall be provided during waking hours.

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.

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments and support plans. 2-1-18

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 2-1-18

Immediately: When the administrator provides direct care services, this shall be indicated on the staffing schedule. Direct care service hours provided by the administrator shall be in addition to hours present in the home in accordance with regulation 2600.56. 2-1-18

Immediately: If either of the home's administrators provide direct care services, the actual time and specific direct care services provided shall be documented on the home's direct care staff schedule. 2-9-18

Immediately: The administrator shall ensure only direct care service hours are included in the direct care staffing calculations and auxiliary staff hours and administrator hours are excluded when calculating staffing hours to meet compliance with this regulation. 2-9-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 02-01-18

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §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

Direct care staff person A started working in the home on 3/2/17 and completed 40 working hours on 3/9/17. Direct care staff person A did not complete orientation on the required topics within 40 scheduled hours as follows:

- * Emergency medical plan.
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- * Reporting of reportable incidents and conditions

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.

See pages 7A and 7B of 26

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of <u>2-9-18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>y</i>

2600.65 (b)

Direct staff person D did the orientation on the required topics with direct staff person A on 03-02-2017 but erroneously dated the paperwork 03-09-2017 when she sat down to complete the paperwork for the training. The care home administrators will now complete the training paperwork to ensure proper dating to avoid future violations and stay compliant with this regulation.

 08-30-17
John D. Dougherty

2-9-18

Violation Report: 44863 - 07/24/2017 - Georgoula, Karon
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST PENNSYLVANIA SERVICE
COMMUNITY CARE SERVICES

1. REGULATION 66 Pa.Code §2800
2800.85(b) - Within 40 scheduled working hours, direct care 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

Direct care staff person A started working in the home on 3/2/17 and completed 40 working hours on 3/9/17. Direct care staff person A did not complete orientation on the required topics within 40 scheduled hours as follows:
* Emergency medical plan.
* Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
* Reporting of reportable incidents and conditions

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.

Immediately: Staff person A shall receive training on the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. Documentation shall be kept. 2-1-18

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all training records for all staff members to ensure all direct care staff persons, ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2800.85(b) Documentation of the training shall be kept in each staff person's record. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John P. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, started working in the home on 3/2/17 and provided unsupervised ADL services, to include the following days and times: 7/17/17, 7/20/17, 7/21/17 and 7/24/17 from 7:00 a.m., to 3:00 p.m. However, there is no documentation that direct care staff person A completed the Department-approved direct care training course and passed the competency test.

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

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

See pages 8A and 8B of 26

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

John D. Dougherty

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

John D. Dougherty

Date 08-30-17

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

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

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

2600.65 (d)

Direct staff person A completed the direct care training course and took the exam prior to beginning her work as a direct care staff member. At the time of inspection that document could not be found so the care home had staff person A re-take the exam again prior to her next scheduled workday. When the original course document is found the care home will fax it to the department of human services.

In the future to ensure compliance with this regulation the care home will continue to have future staff members complete timely the direct care training course and competency test.

 08-30-17
John D. Dougherty

2-9-184

Violation Report: 44863 - 07/24/2017 - Georgoulls, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES

1. REGULATION 05 Pa.Code §2000
2000.05(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

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

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, started working in the home on 3/2/17 and provided unsupervised ADL services, to include the following days and times: 7/17/17, 7/20/17, 7/21/17 and 7/24/17 from 7:00 a.m., to 3:00 p.m. However, there is no documentation that direct care staff person A completed the Department-approved direct care training course and passed the competency test.

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

Immediately: The administrator or designated staff person shall review all current direct care staff records to ensure all direct care staff persons have successfully completed the Department-approved direct care training and passed the competency test. Documentation shall be retained in the staff records. 2-1-18

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

John D. Dougherty

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

John D. Dougherty

Date 02-01-18

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status: as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B only completed 8 hours training of the required 12 hours of annual staff training during the 2016 training year.

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

See Pages 9A and 9B of 26

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *8*
(Initials)

2600.65(e)

The home disagrees with this violation and provided the inspectors with the certificates showing that direct care staff person B completed these trainings conducted by an outside care agency. The inspectors informed the home that they do not accept the certificates and only count sign-in sheets as proof that a training is completed. I informed the outside agency that conducts the training for the care home that sign-in sheets need to be completed for any missed trainings by a staff member and certificates are no longer acceptable as a plan of correction to ensure future violations do not occur.


John D. Dougherty 08-30-19

2-9-18y

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 88 Pa.Code §2800
2800.85(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B only completed 8 hours training of the required 12 hours of annual staff training during the 2016 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all staff training records to ensure all direct care staff have received the required 12 hours of annual training in accordance with regulation 2800.85(e) during the 2016 training year and documentation is retained in each staff record. 2-1-18
Immediately: The administrator or designated staff person shall monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required 12 hours of annual training during each established training year. 2-1-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 person B did not receive training in the required training topics during the 2016 training year as follows:

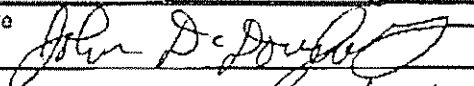
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Care for residents with dementia and cognitive impairments.
- * Personal care service needs of the residents.

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.

See PAGES 10A and 10B OF 26.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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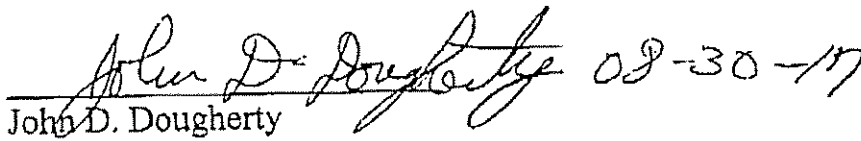
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John D. Dougherty	08-30-17

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of <u>2-9-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress ✓ <input type="checkbox"/> Not Implemented

2600.65 (f)

The home disagrees with this violation and provided the inspectors with the certificates showing that direct care staff person B completed these trainings conducted by an outside care agency. The inspectors informed the home that they do not accept the certificates and only count sign-in sheets as proof that a training was completed. I informed the outside agency that conducts the training for the care home that sign-in sheets need to be completed for any missed trainings by a staff member and certificates are no longer acceptable as a plan of correction to ensure future violations do not occur.

 09-30-17
John D. Dougherty

2-9-18 g

Violation Report: 44863 - 07/24/2017 - Georgoula, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa. Code §2600

2800.65(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 person B did not receive training in the required training topics during the 2018 training year as follows:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Care for residents with dementia and cognitive impairments.
- * Personal care service needs of the 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.

Immediately: Staff person B shall receive training on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of training shall be retained in the employee's record. 2-1-18

Immediately: The administrator or designated staff person shall review all current staff training and records to ensure all direct care staff members have received the required training on all topics in accordance with regulation 2800.65(f) during the 2018 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff have not completed the required training topics in accordance with regulation 2800.65(f), the training will be completed within 30 days of receipt of the plan of correction. Documentation of the training shall be retained in the employee's record. 2-1-18

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
John D. Dougherty		02-01-18

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input 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: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff B did not complete training in emergency preparedness 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.

See Pages 11A and 11B of 26

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of 2-9-18
(Date)


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

Plan of correction implementation status as of 2-9-18
(Date)

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

2600.65 (g)

The home disagrees with this violation and provided the inspectors with the certificate showing that direct care staff person B completed this training conducted by an outside care agency. The inspectors informed the home that they do not accept certificates and only count sign-in sheets as proof that a training is completed. I informed the outside agency that conducts the training for the care home that sign-in sheets need to be completed for any missed trainings by a staff member and certificates are no longer acceptable as a plan of correction to ensure future violations do not occur.


John D. Dougherty

2-9-18

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 65 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff B did not complete training in emergency preparedness 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.

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff members have received the required training on all topics in accordance with regulation 2600.65(g) during the 2016 training year. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training shall be completed within 15 days of receipt of the plan of correction. Documentation of the training shall be retained in the employee's record. 2-7-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Allen D. Dougherty

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

Allen D. Dougherty

Date

02-01-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 7/24/17 the home's water temperatures exceeded 120 degrees Fahrenheit as follows:
* At 9:10 a.m., the water temperature at the sink in the kitchen on the bottom floor measured 140 degrees Fahrenheit.
* At 10:04 a.m., the water temperature at the kitchenette sink, in bedroom #1 on the bottom floor, measured 144.1 degrees Fahrenheit.
* At 10:08 a.m., the water temperature at the sink in the shared bathroom, in bedroom #1 on the bottom floor, measured 142.1 degrees Fahrenheit and the shower stall water temperature measured 139.4 degrees Fahrenheit.
* At 10:35 a.m., the water temperature at the sink in the common bathroom, by the living room and activity room, measured 146.3 degrees Fahrenheit.
* At 10:38 a.m., the water temperature at the sink in the common bathroom, across from the medication room, measured 144.5 degrees Fahrenheit.
* At 10:49 a.m., the water temperature at the sink in the common bathroom, by bedroom #8, measured 143.9 degrees Fahrenheit.
* At 11:00 a.m., the water temperature at the sink in bedroom #12 measured 146.8 degrees Fahrenheit.
* At 11:03 a.m., the water temperature at the sink the common bathroom, by bedroom #11, measured 144.3 degrees Fahrenheit on the second 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.

522 PAGES 12 A and 12 B of 26

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of 2-9-18 (Date)

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

2600.89 (b)

The administrator has been conducting water temperature checks periodically but has now discovered the thermometer was not providing accurate readings. The administrator has acquired a new thermometer and is now conducting weekly checks of the water temperature to ensure compliance. The hot water tanks have been turned down as well once the administrator discovered the water temperatures were higher than the thermometer indicated.

 08-30-17

John D. Dougherty

2-9-18 y

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES

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

2a. DESCRIPTION OF VIOLATION

On 7/24/17 the home's water temperatures exceeded 120 degrees Fahrenheit as follows:
* At 9:10 a.m., the water temperature at the sink in the kitchen on the bottom floor measured 140 degrees Fahrenheit.
* At 10:04 a.m., the water temperature at the kitchenette sink, in bedroom #1 on the bottom floor, measured 144.1 degrees Fahrenheit.
* At 10:08 a.m., the water temperature at the sink in the shared bathroom, in bedroom #1 on the bottom floor, measured 142.1 degrees Fahrenheit and the shower stall water temperature measured 139.4 degrees Fahrenheit.
* At 10:35 a.m., the water temperature at the sink in the common bathroom, by the living room and activity room, measured 146.3 degrees Fahrenheit.
* At 10:38 a.m., the water temperature at the sink in the common bathroom, across from the medication room, measured 144.5 degrees Fahrenheit.
* At 10:49 a.m., the water temperature at the sink in the common bathroom, by bedroom #8, measured 143.9 degrees Fahrenheit.
* At 11:00 a.m., the water temperature at the sink in bedroom #12 measured 146.8 degrees Fahrenheit.
* At 11:03 a.m., the water temperature at the sink in the common bathroom, by bedroom #11, measured 144.3 degrees Fahrenheit on the second 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.
Immediately: All staff persons shall be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education shall be kept. 2-1-18 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 7/24/17, the interior stairway handrail, which leads to the front door, is loose with approximately 1/2" to 3/4" movement from side to side on the right side of the steps at the top of the second floor vestibule leading down the first set of steps.

On 7/24/17, the railings to the exterior ramp are unsecure. There is approximately 1/2" to 3/4" movement on both sides of the railings at the bottom of the ramp. The exit is of the first floor and exits to 316 S. Washington St. side near the smoking area.

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.

See PAGES 13A and 13B of 26

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>John D. Dougherty</i>
--	--------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>John D. Dougherty</i>	<i>08-30-17</i>

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

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

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

2600.93 (a)

The interior stairway handrail was secured while the inspectors were still present and the outside ramp stairwell handrail has been secured. The handrails will continue to be checked on the physical site checklist monthly to ensure that the home is in compliance with this regulation.


John D. Dougherty 08-30-17

2-9-19

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 7/24/17, the interior stairway handrail, which leads to the front door, is loose with approximately 1/2" to 3/4" movement from side to side on the right side of the steps at the top of the second floor vestibule leading down the first set of steps.

On 7/24/17, the railings to the exterior ramp are unsecured. There is approximately 1/2" to 3/4" movement on both sides of the railings at the bottom of the ramp. The exit is of the first floor and exits to 316 S. Washington St. side near the smoking area.

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.

Immediately: All staff persons will be educated regarding the requirements for a well-secured handrail and the reporting of hazardous conditions. Documentation of training shall be kept. 2-1-18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (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: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 31 2017

1. REGULATION 65 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 7/24/17, the top left side of the sink vanity, where the sink top meets vanity, has water damage and is warped. The side is pulling away from the pressed wood in the shared bathroom in bedroom #1 on the bottom floor.

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

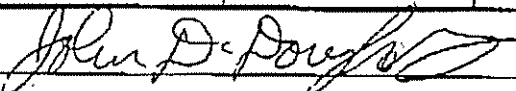
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See pages 14A and 14B of 26

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)

John D. Dougherty

Date *08-20-17*

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

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of

2-9-18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

2600.95

The home disagrees with the description of the cabinet finding it to be more embellished on the condition. A small area on the cabinet top left corner next to the wall had a warp to it after 31 years which was barely noticeable. The home has replaced the cabinet and will continue monitoring the conditions of the bathrooms on the physical site checklist to ensure future compliance. Staff has been educated on the sanitary and safe conditions policy.

 08-30-17
John D. Dougherty

2-9-18
8

FEB 05 2018

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 85 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 7/24/17, the top left side of the sink vanity, where the sink top meets vanity, has water damage and is warped. The side is pulling away from the pressed wood in the shared bathroom in bedroom #1 on the bottom 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.
Immediately: The administrator shall have the cabinet repaired or replaced. 2-1-18
Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service and replaced. Documentation of education shall be kept. 2-1-18
Immediately: The administrator or designated staff person shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service and replaced. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-4-18 (Date)

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

- Plan of correction implementation status as of _____ (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

On 7/24/17, there is no bedside table or shelf beside the bed of resident #4 in bedroom # [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.

See pages 15A and 15B of 26

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 08-30-17

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

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

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

2600.101 (j) (5)

On the physical site checklist I have marked that on 7/23/17 the bedside stand was in place for resident #4 and pointed that out to the inspectors. On the morning of 07/24/17 I was about to do my physical site inspection then the state inspectors appeared. Resident number 4 kept moving his stand to the wall and didn't want it by his bed so it was a back and forth game of me putting it back and him moving it. To stop this from happening I installed to the wall a corner shelf which can't be removed while the inspectors were still present at the facility. To ensure compliance daily checks on bedside tables will continue with the physical site checklist by the designated person to prevent future violations.

 08-30-17
John D. Dougherty

7-9-18/

FEB 05 2018

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
FCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
On 7/24/17, there is no bedside table or shelf beside the bed of resident #4 in bedroom # [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.
Immediately: All staff persons shall be educated that each resident shall have a bedside table or shelf.
Documentation of education shall be kept. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 44863 - 07/24/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 7/24/17, there was no operable lamp or other source of light at resident #4's bedside in bedroom # [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.

See pages 16A and 16B of 26

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

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of 2-9-18 (Date)

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

2600.101 (j) (7)

On 07/23/17 I had marked on my physical site checklist that a lamp was present at all bedsides and showed the inspectors. Resident number 4 kept moving the stand and lamp to the wall away from his bed and I would often be moving it back. On 07/24/2017 the inspectors arrived just as I was about to conduct my physical site check. To stop this from happening a corner shelf mounted to the wall has been installed and the lamp placed on top of that shelf while the inspectors were still present. The home will continue to monitor lamps by the bedside daily with the designated person using the physical site checklist to stay in compliance with this regulation.


John D. Dougherty

08-30-17

2-9-18,

Violation Report: 44863 - 07/24/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 68 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
On 7/24/17, there was no operable lamp or other source of light at resident #4's bedside in bedroom [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.
Immediately: All staff persons shall be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside.
Documentation of education shall be kept. 2-1-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

02-01-18

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

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 7/24/17 at approximately 2:40 p.m., there was an undated clear plastic bag with two slices of square pizza and an undated clear plastic bag with a whole bagel in the freezer section of the Whirlpool refrigerator/freezer closest to the door on the bottom level of the home.

On 7/24/17 at approximately 10:17 a.m., there was an undated clear plastic bag of sausage links in freezer section of the Vissani refrigerator/freezer next to the Whirlpool refrigerator on the bottom level of the home.

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.

See pages 19A and 19B of 26

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *08-30-17*

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

The above plan of correction is approved as of 2-9-18
(Date)

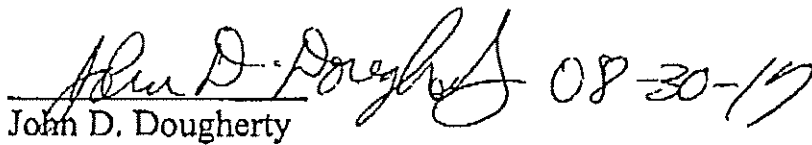
Plan of correction implementation status as of 2-9-18
(Date)

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

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

2600.103 (I)

The staff has been reminded/educated of the importance of labeling all food items and resident meetings have also been conducted to remind them that our policy (posted on wall areas) is for all residents to hand food items to staff for proper labeling and not place any food items in the refrigerator on their own. All meetings with staff and resident meetings will contain this reminder/review to ensure compliance with this regulation.

 08-30-17
John D. Dougherty

2-9-18

RECEIVED

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

FEB 05 2018

1. REGULATION 85 Pa.Code §2800
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES

2a. DESCRIPTION OF VIOLATION

On 7/24/17 at approximately 2:40 p.m., there was an undated clear plastic bag with two slices of square pizza and an undated clear plastic bag with a whole bagel in the freezer section of the Whirlpool refrigerator/freezer closest to the door on the bottom level of the home.

On 7/24/17 at approximately 10:17 a.m., there was an undated clear plastic bag of sausage links in freezer section of the Visanti refrigerator/freezer next to the Whirlpool refrigerator on the bottom level of the home.

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.

Immediately: The administrator or designated staff person shall check all food storage areas including refrigerators and freezers at least weekly to ensure food is stored in closed or sealed containers. 2-1-18 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (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: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 31 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident # 5's in-person medical evaluation was completed on 6/26/17. However, the documentation of the resident's medical evaluation does not include the resident's height and weight. These sections were blank.

Resident #6's in-person evaluation was completed on 2/6/17. However, the documentation of the resident's medical evaluation does not include the resident's height and weight. These sections were 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.

SEE PAGES 20A AND 20B OF 26

Repeat Violation: Yes Date(s) of Previous Violation(s): 1/27/17 10/18/16

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) John P. Dougherty Date 08-30-17

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *[Signature]*

2600.141 (a) (2)

The care home has had difficulty with the physician for both resident #5 and resident #6 completing forms in their entirety. The administrator and manager will review all medical evaluations by the house doctor upon each visit for completion prior to the physician's departure to prevent future violations with this regulation. Separately the administrator and manager will review monthly all resident medical evaluations with physicians outside the care home to ensure compliance with this regulation.

 08-30-17
John D. Dougherty

2-9-18

FEB 05 2018

Violation Report: 44863 - 07/24/2017 - Georgoula, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 56 Pa.Code 82800
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 6's in-person medical evaluation was completed on 8/28/17. However, the documentation of the resident's medical evaluation does not include the resident's height and weight. These sections were blank.

Resident #8's in-person evaluation was completed on 2/3/17. However, the documentation of the resident's medical evaluation does not include the resident's height and weight. These sections were 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 can not be completed immediately, include dates by which the steps will be completed.

Immediately: Resident #6's and resident #8's medical evaluations shall be sent back to the person completing the in-person medical evaluation for completion or the residents shall have an in-person medical evaluation completed in its entirety by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. Documentation shall be kept in the resident's record. 2-1-18

Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure medical evaluations are completed in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44883 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

AUG 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

On 7/25/17, resident #1 July, 2017 medication administration record (MAR) did not include a diagnosis or purpose for the resident's prescribed medications to include:

- Carisoprodol 350mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- Chantix 1mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- Nuedexta 20-10mg capsule - take one capsule every 12 hours.
- Tizanidine HCL 4mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- Tizanidine HCL 4mg tablet - take one tablet at 8:00 a.m.
- Tizanidine HCL 4mg tablet - take two tablets at 8:00 p.m.
- Vimpat 50 mg tablet - take one tablet at 8:00 a.m. and 8:00 pm.
- Melatonin 5mg tablet - take one tablet at 8:00 p.m.

On 7/25/17, resident #8 July, 2017 MAR did not include a diagnosis or purpose for the resident's prescribed medications to include:

- Benzotropine 0.5mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
- Haloperidol 1mg tablet - take one tablet along with 2mg (TD =3mg) at 8:00 a.m. and 8:00 pm.
- Haloperidol 2mg tablet - take one tablet along with 1mg (TD =3mg) at 8:00 a.m. and 8:00 pm.
- Lithium Car, ER 450mg tablet - take one tablet at 8:00 p.m.

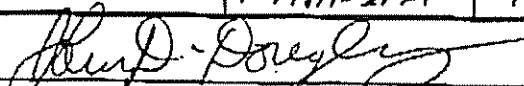
On 7/25/17, resident #9 July, 2017 MAR did not include a diagnosis or purpose for Famotidine 20mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.

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

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

See PAGES 22A and 22B of 26

Repeat Violation: <u>yes</u>	Date(s) of Previous Violation(s): <u>10/18/16 et al</u>	<u>4/20/16</u>
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<u>Dawn D. Dougherty</u>	<u>08-30-17</u>

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

The above plan of correction is approved as of 2-9-18
(Date)

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

Plan of correction implementation status as of 2-9-18
(Date)

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

2600.187 (a)

The home has been and will continue to contact physicians to please notify the pharmacy to place on the EMAR the diagnosis and purpose for the resident's medications. Since the home is not receiving much cooperation from physicians despite our requests the administrator is inquiring with the pharmacy to see if the feature on the EMAR for administrators permit's the entry of the medication information that easily is found on the medication evaluations. Staff has full access to the office and medical evaluations and support plans to educate/inform until entry on the EMAR is completed for the diagnosis and purpose of each medication.

 08-30-17
John D. Dougherty

2-9-18

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 53 Pa.Code §2800
2800.187(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

On 7/26/17, resident #1 July, 2017 medication administration record (MAR) did not include a diagnosis or purpose for the resident's prescribed medications to include:
 Carisoprodol 350mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
 Chanix 1mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
 Nuadexla 20-10mg capsule - take one capsule every 12 hours.
 Tizanidine HCL 4mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
 Tizanidine HCL 4mg tablet - take one tablet at 8:00 a.m.
 Tizanidine HCL 4mg tablet - take two tablets at 8:00 p.m.
 Vimpat 80 mg tablet - take one tablet at 8:00 a.m. and 8:00 pm.
 Melatonin 5mg tablet - take one tablet at 8:00 p.m.

On 7/26/17, resident #8 July, 2017 MAR did not include a diagnosis or purpose for the resident's prescribed medications to include:
 Benzotropine 0.5mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.
 Haloperidol 1mg tablet - take one tablet along with 2mg (TD =3mg) at 8:00 a.m. and 8:00 pm.
 Haloperidol 2mg tablet - take one tablet along with 1mg (TD =3mg) at 8:00 a.m. and 8:00 pm.
 Lithium Car, ER 450mg tablet - take one tablet at 8:00 p.m.

On 7/26/17, resident #9 July, 2017 MAR did not include a diagnosis or purpose for Femotidine 20mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m.

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

Immediately: resident #1's, #8's and #9's MAR shall be corrected. 2-1-18

Immediately: The administrator or designated staff person qualified to administer medications will develop and implement a process and procedure to ensure all prescribed medications are documented on MARs including a purpose or diagnosis for each medication. 2-1-18

Immediately: All staff persons qualified to administer medications shall be educated, by a person qualified to administer medications, on the proper documentation of medication administration including a purpose or diagnosis for each medication. Documentation of education shall be kept. 2-1-18

Immediately: The administrator or designated staff person qualified to administer medications shall review all resident MARs at least monthly to ensure resident MARs include a purpose or diagnosis for each medication. 2-1-18

Repeat Violation: <input checked="" type="checkbox"/>	Date(s) of Previous Violation(s): 10/13/16 et al	4/20/16
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date 02-01-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

2-9-18
8

RECEIVED

Violation Report: 44863 - 07/24/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

AUG 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Carisoprodol 350mg tablet - take one tablet at 8:00 a.m. and 8:00 p.m. However, the medication was not available in the home for administration and not administered from 7/8/17 through 7/25/17 at 8:00 a.m.

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

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

See Page 23A and 27B of 26

Repeat Violation: yes Date(s) of Previous Violation(s): 10/18/16 et al

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) William D. Dougherty Date 08-30-17

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

The above plan of correction is approved as of 2-9-18
(Date)


Plan of correction implementation status as of 2-9-18
(Date)

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

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

2600.187 (d)

Resident #1 was having difficulty with her insurance company paying for the mentioned medication and the doctor did not want to place a hold on the Carisoprodol but instead contact the insurance to push the approval through. On 07-26-17 the physician was contacted again and the medication was delivered by the house pharmacy that afternoon for resident #1. To ensure future compliance the care home will continue to contact physicians when a medication is not present and request a hold, plus continue with monthly med-cart audits conducted by the pharmacy to catch any issues/errors.


John D. Dougherty 08-30-17

2-9-18
8

Violation Report: 14863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
FEB 05 2018

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.
WEST PHARMACY, 1000 N. 10TH ST, PHOENIX, AZ 85006

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Carisoprodol 350mg tablet -- take one tablet at 8:00 a.m. and 8:00 p.m. However, the medication was not available in the home for administration and not administered from 7/8/17 through 7/26/17 at 8:00 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Immediately: The administrator shall review and update, if necessary, the home's procedures for the safe storage, access, security, distribution and use of medications, including procedures for ensuring all prescribed medications are available in the home for administration, the procedures for ordering prescribed medications, procedures for medication change orders and updating medication administration records. All staff persons qualified to administer medications shall be reeducated on the home's policy and procedures. Documentation of education shall be kept. 2-17-18
Immediately: A designated staff person qualified to administer medications shall complete an initial, then weekly, audit to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation of audits shall be kept. 2-17-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/16 et al

Signature of Legal Entity Representative (Required on EVERY Page) John D. Doerflinger

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Doerflinger Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

AUG 31 2017

Violation Report: 44863 - 07/24/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C who is not a licensed medical professional and has not successfully completed a Department-approved diabetes patient education program since 2/5/16. Direct care staff person C administered insulin to resident #7 at 8:00 p.m. as follows: 7/1/17 through 7/4/17, 7/12/17, 7/13/17, 7/15/17, 7/17/17 through 7/19/17, 7/22/17 and 7/23/17.

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.

See Pages 24A and 24B of 26

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

08-30-17

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

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

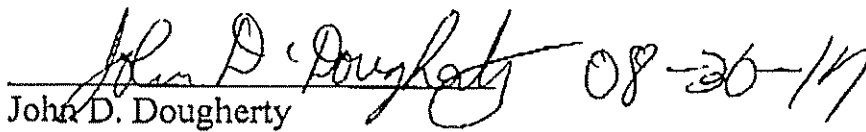
Not Implemented

The above plan of correction was approved by

JK
(Initials)

2600.190 (b)

On the date of inspection the documentation for staff person C's diabetic training was misplaced but found shortly afterwards. The entire staff was trained the same day in February 2017. Since it has been made clear to the administrator by the inspector that certificates of training are not acceptable I'm including the staff sign in for the diabetic training day. The care home will continue to monitor and conduct staff trainings annually to ensure compliance with this regulation.

 08-20-17
John D. Dougherty

2-9-18

Violation Report: 44863 - 07/24/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 81 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C who is not a licensed medical professional and has not successfully completed a Department-approved diabetes patient education program since 2/5/16. Direct care staff person C administered insulin to resident #7 at 8:00 p.m. as follows: 7/1/17 through 7/4/17, 7/12/17, 7/13/17, 7/15/17, 7/17/17 through 7/19/17, 7/22/17 and 7/23/17.

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.

Immediately: The administrator or designated staff person will review all staff person training records to ensure all staff persons administering insulin injections meet the requirements of regulation 2600.190b and the documentation of education is retained in the staff records. 2-1-18 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

02-01-18

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

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

J
(Initials)

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen

FCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Admission Services (Residing)

1. REGULATION 58 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

The open shelving unit above the staff blue desk by the kitchen area had manila folder with Resident #3's discharge instructions from Butler Memorial Hospital dated 9/28/17.

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.

Proper storage of resident records was reviewed at the 10/17, 11/17 & 12/17 staff meetings conducted by the administrator. The administrator will continue monthly staff meetings on this issue to ensure future compliance and avoid future violations.

502 PFC 2 AD 19

Repeat Violation: yes Date(s) of Previous Violation(s): 10/18/16 et al 4/20/16

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 12-21-17

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of 2-9-18 (Date)

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

Violation Report: 44863 - 10/10/2017 - Georgoula, Karen
PCH Name: WASH NGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 81 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
The open shelving unit above the staff blue desk by the kitchen area had manila folder with Resident #3's discharge instructions from Butler Memorial Hospital dated 01/28/17.

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.
Immediately: all items cited in the violation shall be corrected. 2-1-18
Immediately: A designated staff person shall check the home daily on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 2-1-18
Immediately: The administrator shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 2-1-18

Repeat Violation: 705 Date(s) of Previous Violation(s): 10/18/16, 11/4/16, 4/20/16

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2-9-18 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44883 - 10/10/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On 9/30/17 and 10/8/17, there were 23 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 23 hours of personal care services. However, on these dates only 20 hours of direct care staffing were provided. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

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

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

The care home disagrees with this violation. On the designated dates above the administrator conducted direct care staffing hours as designated on the weekly scheduling providing enough care hours. The administrator will continue providing direct care staff hours to ensure future compliance with this regulation.

See page 3A-F14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *12-27-17*

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction Implementation status as of 2-9-18 (Date)

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

FEB 05 2018

FEB 05 2018

Violation Report: 44863 - 10/10/2017 - Georgopolis, Keran
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST PENN. STATE UNIVERSITY

1. REGULATION 86 Pa.Code §2000
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
On 8/30/17 and 10/3/17, there were 23 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 23 hours of personal care services. However, on these dates only 20 hours of direct care staffing were provided. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

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

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments and support plans. 2-1-18

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 2-1-18

Immediately: When the administrator provides direct care services, this shall be indicated on the staffing schedule. Direct care service hours provided by the administrator shall be in addition to hours present in the home in accordance with regulation 2600.56. 2-1-18

Immediately: If either of the home's administrator's provide direct care services, the actual time and specific direct care services provided shall be documented on the home's direct care staff schedule. 2-9-18

Immediately: The administrator shall ensure only direct care service hours are included in the direct care staffing calculations and ancillary staff hours and administrator hours are excluded when calculating staffing hours to meet compliance with this regulation. 2-9-18

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date) Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 9/30/17 and 10/8/17, there were 23 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 17.28 hours of direct care staffing hours during waking hours. However, on these dates only 16.0 hours of direct care staffing were provided during waking hours. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident. At least 75% of the of personal care service hours shall be provided during waking hours.

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 care home disagrees with this violation. On the designated dates above the administrator conducted direct care staffing hours as designated on the weekly scheduling providing enough care hours. The administrator will continue providing direct care staff hours to ensure future compliance with this regulation.

See Page 4 of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *12-27-17*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of <u>2-9-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

RECEIVED

FEB 05 2018

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST BORO, OHIO OFFICE

1. REGULATION 68 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
On 9/30/17 and 10/3/17, there were 23 residents present in the home. There were no identified residents with mobility needs. Accordingly, the home was required to provide a minimum of 17.26 hours of direct care staffing hours during waking hours. However, on those dates only 16.0 hours of direct care staffing were provided during waking hours. The home is required to provide a minimum of 1 hour of personal care services for each mobile resident. At least 75% of the of personal care service hours shall be provided during waking hours.

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.
Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments and support plans. 2-1-18
Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. 2-1-18
Immediately: When the administrator provides direct care services, this shall be indicated on the staffing schedule. Direct care service hours provided by the administrator shall be in addition to hours present in the home in accordance with regulation 2600.58. 2-1-18

Immediately: If either of the home's administrators provide direct care services, the actual time and specific direct care services provided shall be documented on the home's direct care staff schedule. 2-9-18

Immediately: The administrator shall ensure only direct care service hours are included in the direct care staffing calculations and ancillary staff hours and administrator hours are excluded when calculating staffing hours to meet compliance with this regulation. 2-9-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44883 - 10/10/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Home Services Licensing

1: REGULATION 55 Pa. Code §2600

2600.85(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

Direct care staff person A started working in the home on 9/5/17. However, there is no documentation available to demonstrate that direct care staff person A completed any of the required training in general fire safety and emergency preparedness prior to or on the first work day.

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 care home disputes this violation. Direct staff person A never worked for Washington Manor PCH. Staff person A filled out an application and was a no-call/no-show for training plus work on 09/05/17. The administrator will continue to have all direct care staff trainings completed timely to avoid future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date: 12-27-17

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction Implementation status as of 2-9-18
(Date)

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

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

RECEIVED

FEB 05 2018

Pt 50-0114

2600.65(a)

WESTVALE POLICE OFFICE
2600.65(a)

Direct Care Staff person A never worked at Washington Manor. Staff person A came in and completed an application was scheduled for training days but then never showed up.

Heard Staff person A found another job that pays more from someone that knows this person.

John D. Dougherty 02-01-18

2-9-18

Violation Report: 74863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST CHESTER COUNTY OFFICE

1. REGULATION 68 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
Direct care staff person A started working in the home on 9/5/17. However, there is no documentation available to demonstrate that direct care staff person A completed any of the required training in general fire safety and emergency preparedness prior to or on the first work day.

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.

Immediately: Staff person A shall receive training on all topics specified in 2600.65(a). Documentation shall be kept. 2-1-18

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all training records for all staff members to ensure all direct care staff persons, ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) Documentation of the training shall be kept in each staff person's record. 2-1-18

The home provided staffing schedules which demonstrated direct care staff person A worked in the home on 9/24/17 and on 10/14/17 during the 7:00 a.m. to 3:00 p.m. shift. 2-9-18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input 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: 44863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Vermont Department of Health

1. REGULATION 56 Pa. Code §2800
2800.65(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 (36 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A started working in the home 9/6/17. However, there is no documentation available to demonstrate that direct care staff person A completed any of the required training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect or reporting of reportable incidents and conditions within the 40 scheduled hours.

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 care home disputes this violation. Direct staff person A never worked for Washington Manor Personal Care Home. Staff person A filled out an application and was a no-call/no-show for training plus work on 09/05/17. The administrator will continue to have all direct care staff trainings completed timely to avoid future violations.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date: 12-27-17

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

The above plan of correction is approved as of 2-9-18 (Date)
The above plan of correction was approved by [initials] (Initials)
Plan of correction implementation status as of 2-9-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

See pages 6A and 6B of F14

RECEIVED

FEB 05 2018

Phys 62014

WEDNESDAY FEB 07 2018
11:00 AM

2.600-65(6)

Direct Care Staff person A never worked at Washington Manor. Staff person A come in and completed an application was scheduled for training days but then never showed up.

Heard Staff person A found another job that pays more from someone that knows this person.

John D. Dougherty 02-01-18

2-9-18

11/20/2017

FEB 06 2018

Violation Report: 4-1863 - 10/10/2017 - Georgoulia, Karen
POH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §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
Direct care staff person A started working in the home 9/5/17. However, there is no documentation available to demonstrate that direct care staff person A completed any of the required training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect or reporting of reportable incidents and conditions within the 40 scheduled hours.

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.
Immediately: Staff person A shall receive training on the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act., and reporting of reportable incidents and conditions. Documentation shall be kept. 2-1-18
Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all training records for all staff members to ensure all direct care staff persons, ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(b) Documentation of the training shall be kept in each staff person's record. 2-1-18

The home provided staffing schedules which demonstrated direct care staff person A worked in the home on 9/24/17 and 10/4/17 during the 7:00 a.m. to 3:00 p.m. shift. 2-9-18

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) John D. Dougherty Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date)
This above plan of correction was approved by (Initials)
Plan of correction implementation status as of (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500

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 approximately 11:35 a.m., there was no screen in the window of bedroom #12. The window was open approximately 5 1/2".

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 resident in room #12 violated care home policy and had their son take out the A/c from the window not designated staff. As a result the screen was not immediately placed in the window as would of been by designated staff. Resident in room #12 is no longer at the care home. In order to avoid future violations the care home has the topic area of "screens" on the physical site checklist which is monitored weekly by designated staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date: 12-27-17

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

The above plan of correction is approved as of

2-9-18
(Date)

Plan of correction implementation status as of 2-9-18
(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: 44863 - 10/10/2017 - Georgoula, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 65 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2. DESCRIPTION OF VIOLATION
At approximately 11:35 a.m., there was no screen in the window of bedroom #12. The window was open approximately 6 1/4".

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.
Immediately: The administrator or a designated staff person shall place a screen in the window of bedroom #12. 2-1-18
Immediately: The administrator or designated staff person shall check all windows, including windows in doors, to ensure all windows are in good repair and securely screened. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *2-2-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen
POH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC | WEST REGION FIELD OFFICE
Human Services Agency

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
At approximately 9:45 a.m., there was a covered unlabeled, undated pink plastic sectional plate with cottage cheese, a 6" hoagie and nacho chips in the kitchen refrigerator.

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.

Labeling (proper) and handling of food was reviewed with all staff members during the staff meetings in October, November and December 2017 to ensure future violations do not occur. Administrator will continue the practice of monthly reviews on this issue to ensure future compliance.

See PAGE 9/11/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* | Date *12-27-17*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of 2-9-18 (Date)

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

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

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASINGTON MANOR PERSONAL CARE HOME LLC

WASHINGTON MANOR PERSONAL CARE HOME LLC
10000 WASHINGTON AVE
MOUNTAIN VIEW, PA 19064

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At approximately 9:45 a.m., there was a covered unlabeled, undated pink plastic sectional plate with collage cheese, a 6" hoagie and nacho chips in the kitchen refrigerator.

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.

Immediately: A designated staff person shall check all food storage areas weekly, including refrigerators and freezers, to ensure all food items are labeled and dated. 2-1-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 02-01-18

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of _____
(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: 44863 - 10/10/2017 - Georgoulis, Karen
POH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2900

2800.103(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 approximately 10:45 a.m., the temperature refrigerator section of the refrigerator/freezer in the main kitchen on the bottom level, measured 46 degrees Fahrenheit. At 12:50 p.m., the temperature of the refrigerator measured 50 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.

During the October, November and December 2017 staff meetings staff has once more been trained on keeping the thermometers off the door and in the back to ensure accurate readings. Problem is that temperature is read & recorded in early a.m. then staff keeps opening the fridge/freezer and moving the thermometer forward. Staff trainings every month will cover this issue to ensure future compliance; administrator will run this training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date: *12-29-17*

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 14883 - 10/10/2017 - Georgoula, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 85 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 approximately 10:45 a.m., the temperature refrigerator section of the refrigerator/freezer in the main kitchen on the bottom level, measured 45 degrees Fahrenheit. At 12:50 p.m., the temperature of the refrigerator measured 50 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.
Immediately: The administrator or designated staff person shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 2-1-18
Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 2-1-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *02-01-18*

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input 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: 44883 - 10/10/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 #3 had an in-person medical evaluation completed on 9/28/17. However, the documentation of the resident's medical evaluation does not include the resident's temperature, pulse and blood pressure. These sections were blank.

Resident #4 had an in-person medical evaluation completed on 6/25/17. However, the documentation of the resident's medical evaluation does not include the resident's temperature, ability to self-administer medications, health status, cognitive functioning and body positioning. These sections were 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.

The incomplete sections for resident #3 and resident #4 were corrected by the care home's house doctor on his next monthly visit. To ensure compliance with this regulation the administrator & manager will check to make certain all blanks are completed prior to the house doctor's departure.

See page 10 & 11

Repeat Violation: Yes Date(s) of Previous Violation(s): 1/27/17 10/18/16 & 11

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 12-27-17

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of 2-9-18 (Date)

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

Violation Report: 44883 - 10/10/2017 - Georgoula, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA STATE BOARD
HEALTH CARE PROFESSIONALS

1. REGULATION 66 Pa.Code §2800
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #3 had an in-person medical evaluation completed on 8/26/17. However, the documentation of the resident's medical evaluation does not include the resident's temperature, pulse and blood pressure. Those sections were blank.

Resident #4 had an in-person medical evaluation completed on 8/26/17. However, the documentation of the resident's medical evaluation does not include the resident's temperature, ability to self-administer medications, health status, cognitive functioning and body positioning. These sections were 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.

Immediately: Resident #3's and resident #4's medical evaluations shall be sent back to the person completing the in-person medical evaluation for completion or the residents shall have an in-person medical evaluation completed in its entirety by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. Documentation shall be kept in the resident's record. 2-1-18 ✓

Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure medical evaluations are completed in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 2-1-18 ✓

Repeat Violation: Yes | Date(s) of Previous Violation(s): 1/27/17 | 10/18/16 et al

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* | Date 02-01-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (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: 44863 - 10/10/2017 - Georgoullis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC | WEST REGION FIELD OFFICE

1. REGULATION 65 Pa. Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed Dicyclomine 20 mg tablet, take one tablet every 6 hours as needed. However, the medication was not available in the home for administration on 10/10/17.

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.

The administrator and manager will continue weekly reviews of timely medication orders to ensure all medications are available and on-site when needed for distribution to each resident. In addition monthly med-cart audits will continue to be completed by the pharmacy to further prevent medication errors and ensure compliance with this regulation.

SEE PAGE 11A OF 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* | Date *12-27-17*

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of 2-9-18 (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: 44883 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA HEALTH OFFICE
1700 MARSHALL AVENUE
MARTINSBURG, WV 26151

1. REGULATION 58 Pa.Code §2800

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Dicyclomine 20 mg tablet, take one tablet every 8 hours as needed. However, the medication was not available in the home for administration on 10/10/17.

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.

Immediately: The administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability, including as needed "PRN" medications, are available in the home for administration. All staff persons qualified to administer medications shall be reeducated on the home's policy and procedures. Documentation of education shall be kept. 2-1-18

Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration, including as needed "PRN" medications, are available in the home for administration. 2-1-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 02-01-18

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

The above plan of correction is approved as of 2-9-18
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 44863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

2800.187(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

Resident #3's October 2017 medication administration record (MAR) did not include a diagnosis or purpose for the resident's prescribed medications, to include:

- * Ipratrop-Albuterol 0.5/3mg - administer one unit dose via nebulizer four times a day.
- * Triamcinolone 0.5% ointment - apply topically twice a day until healed.

Resident #5's October 2017 MAR did not include a diagnosis or purpose for the resident's prescribed Carbamazepine ER 400 mg tablet - take one tablet twice a day.

Resident #6's October 2017 MAR did not include a diagnosis or purpose for the resident's prescribed medication, to include:

- * Oxycodone 5mg tablet - take one tablet twice a day.
- * Zaleplon 10mg capsule - take one capsule at bedtime 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.

The physician has been notified by the care home that this information needed to be provided to the pharmacy which has been entered. The care home administrator will continue to review resident information to make sure of inclusion.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/10/16 & 11/4/16 4/20/16

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 12-27-17

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

The above plan of correction is approved as of <u>2-9-18</u> (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>K</u> (Initials)	

See page 12 of 14

Violation Report: 14863 - 10/10/2017 - Georgetown, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION # 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

Resident #3's October 2017 medication administration record (MAR) did not include a diagnosis or purpose for the resident's prescribed medications, to include:

- * Iprat-Abuterol 0.5/3mg - administer one unit dose via nebulizer four times a day.
- * Triamcinolone 0.5% ointment - apply topically twice a day until healed.

Resident #5's October 2017 MAR did not include a diagnosis or purpose for the resident's prescribed Carbamazepine ER 400 mg tablet - take one tablet twice a day.

Resident #6's October 2017 MAR did not include a diagnosis or purpose for the resident's prescribed medication, to include:

- * Oxycodone 5mg tablet - take one tablet twice a day.
- * Zaleplon 10mg capsule - take one capsule at bedtime 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.

Immediately: resident #3's, #5's and #6's MAR shall be corrected. 2-1-18

Immediately: The administrator or designated staff person qualified to administer medications will develop and implement a process and procedure to ensure all prescribed medications are documented on MARs including a purpose or diagnosis for each medication. 2-1-18

Immediately: All staff persons qualified to administer medications shall be educated, by a person qualified to administer medications, on the proper documentation of medication administration including a purpose or diagnosis for each medication. Documentation of education shall be kept. 2-1-18

Immediately: The administrator or designated staff person qualified to administer medications shall review all resident MARs at least monthly to ensure resident MARs include a purpose or diagnosis for each medication. 2-1-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/19/16 & 11/4/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

Violation Report: 44863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

DEC 27 2017

1. REGULATION 65 Pa.Coda §2600
2800.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Ibuprofen 600 mg tablets - take one tablet twice a day, Ranitidine 150mg - one tablet twice a day. The resident's MAR indicates the resident is scheduled to receive the medications at 8:00 a.m. and 8:00 p.m. However, the resident's MAR indicates the medication was not administered on 10/2/17, 10/4/17 and 10/6/17 at 8:00 p.m. Staff interviews confirmed the medications were actually administered between the hours of 10:30 p.m. and 11:00 p.m. due to the resident not being in the home.

Resident #3 is prescribed Iprat-Albuterol 0.5/3mg - give one unit dose four times a day. However, the medication was not administered as follows:

- * On 10/1/17, 10/3/17, 10/5/17 and 10/6/17 at 12:00 p.m.
- * On 10/2/17 at 12:00 p.m., 4:00 p.m. and 8:00 p.m.
- * On 10/7/17 and 10/9/17 at 4:00 p.m.
- * On 10/4/17 and 10/8/17 at 8:00 p.m.

Resident #3 is prescribed Simvastatin 20mg tablet - one tablet at bedtime. The resident's MAR indicates the resident is scheduled to receive the medications at 8:00 p.m. However, the resident's MAR indicates the medication was not administered on 10/2/17, 10/4/17 and 10/8/17 at 8:00 p.m. Staff interviews confirmed the medications were actually administered between the hours of 10:30 p.m. and 11:00 p.m. due to the resident not being in the home.

Resident #3 is prescribed Triamcinolone 0.5% ointment apply affected area until healed. However, on 10/2/17, 10/4/17 and 10/8/17 at 8:00 p.m. the medication was not administered.

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 entered the care home only a [redacted] prior to the inspector's visit and was often out at his old [redacted] and not present to receive his medication timely. Discussion with resident #3 has rectified this situation and no future problems have occurred. Administrator will continue to monitor new entries & current residents reporting med errors.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/16 & 21

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date: 12-27-17

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

The above plan of correction is approved as of 2-9-18 (Date)

Plan of correction implementation status as of 2-9-18 (Date)

The above plan of correction was approved by 2-9-18 (Initials)

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

Violation Report: 14863 - 10/10/2017 - Georgoula, Karen
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC
 FEB 05 2018

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Ibuprofen 800 mg tablets - take one tablet twice a day, Ranitidine 150mg - one tablet twice a day. The resident's MAR indicates the resident is scheduled to receive the medications at 8:00 a.m. and 8:00 p.m. However, the resident's Mar indicates the medication was not administered on 10/2/17, 10/4/17 and 10/8/17 at 8:00 p.m. Staff interviews confirmed the medications were actually administered between the hours of 10:30 p.m. and 11:00 p.m. due to the resident not being in the home.

Resident #3 is prescribed Iprat-Aibulero 0.5/3mg - give one unit dose four times a day. However, the medication was not administered as follows:

- * On 10/1/17, 10/3/17, 10/5/17 and 10/8/17 at 12:00 p.m.
- * On 10/2/17 at 12:00 p.m., 4:00 p.m. and 8:00 p.m.
- * On 10/7/17 and 10/8/17 at 4:00 p.m.
- * On 10/4/17 and 10/8/17 at 8:00 p.m.

Resident #3 is prescribed Simvastatin 20mg tablet - one tablet at bedtime. The resident's Mar indicates the resident is scheduled to receive the medication at 8:00 p.m. However, the resident's MAR indicates the medication was not administered on 10/2/17, 10/4/17 and 10/8/17 at 8:00 p.m. Staff interviews confirmed the medications were actually administered between the hours of 10:30 p.m. and 11:00 p.m. due to the resident not being in the home.

Resident #3 is prescribed Triamcinolone 0.5% ointment apply affected area until healed. However, on 10/2/17, 10/4/17 and 10/8/17 at 8:00 p.m. the medication was not administered.

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.

Immediately: The administrator shall review and update, if necessary, the home's procedures for the safe storage, access, security, distribution and use of medications, including procedures for ensuring all prescribed medications are available in the home for administration, the procedures for ordering prescribed medications, procedures for medication change orders and updating medication administration records. All staff persons qualified to administer medications shall be reeducated on the home's policy and procedures. Documentation of education shall be kept. 2-1-18

Immediately: A designated staff person qualified to administer medications shall complete an initial, then weekly, audit to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation of audits shall be kept. 2-1-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/16, 10/21/16

Signature of Legal Entity Representative (Required on EVERY Page)
John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
John D. Dougherty Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

DEC 27 2017

Violation Report: 44863 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually,
- (2) If the condition of the resident significantly changes prior to the annual assessment
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # B's annual assessment, dated 9/3/17, does not include the diagnosis of COPD and GERD which is indicated on the resident's medical evaluation, dated 8/25/17.

[Redacted] withdraws BB status

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 care home administrator and manager will continue to ensure that the care home house doctor completes all forms entirely prior to departure to avoid future violations and stay in compliance with this regulation.

502 PCH 1410114

Repeat Violation: Date(s) of Previous Violation(s): 10/18/16 and 11

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date: *12-27-17*

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

The above plan of correction is approved as of 2-9-18 (Date) Plan of correction implementation status as of 2-9-18 (Date)

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

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

FEB 05 2018

Violation Report: 44883 - 10/10/2017 - Georgoulis, Karen
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 65 Pa.Code §2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
Resident # 8's annual assessment, dated 9/3/17, does not include the diagnosis of COPD and GERD which is indicated on the resident's medical evaluation, dated 8/26/17.

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.
Immediately resident #8's and resident #9's assessments shall be updated. 2-1-18
Immediately: The administrator or designated staff person shall review all resident assessments to ensure each assessment is completed in its entirety including all resident diagnoses. 2-1-18
Immediately: The administrator or designated staff person shall develop and implement a system to ensure all resident assessments are immediately updated a resident care needs change. 2-1-18

Repeat Violation: yes Date(s) of Previous Violation(s): 10/18/16 et al

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 02-01-18

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

The above plan of correction is approved as of 2-9-18 (Date)

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented