



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to OUR HOME OF HOPE INC
LEGAL ENTITY

To operate OUR HOME OF HOPE
NAME OF FACILITY OR AGENCY

Located at 223-225 CHERRY STREET, COLUMBIA, PA 17512
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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

The total number of persons which may be cared for at one time may not exceed 30
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 January 22, _____ 2018 until July 22, _____ 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333222**

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING DEPUTY SECRETARY

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JAN 22 2018

Ms. Mable C. Hershey,
President
Our Home of Hope, Inc.
223-225 Cherry Street
Columbia, Pennsylvania 17512

**RE: Our Home of Hope
Certificate #: 333222**

Dear Ms. Hershey:

As a result of the Department of Human Services' licensing inspections on August 10, 2017, October 18, 2017, November 15, 2017, and November 16, 2017 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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

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 or, a written request for an appeal must be received within 10 days of the date of this letter by:

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

Ms. Mable C. Hershey

2

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,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital letter.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

Page 1 of 9

PCH Name: OUR HOME OF HOPE		License Number: 33322
Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512		County: Lancaster
Administrator: Roxanne Simson		Region: CENTRAL
Legal Entity Name: OUR HOME OF HOPE INC		
Legal Entity Address: 223-225 CHERRY STREET, COLUMBIA, PA 17512		
Certificate(s) of Occupancy C-2 LP 10/24/1994 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 29 Waking Staff: 22		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2017: Gillespie, Denise; OPake, Hope 11/16/2017: Gillespie, Denise; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 25 Are 80 Years of Age or Older: 13 Have Mental Illness: 21 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 6	

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise

PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2800

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for Resident #1. The home had \$5.00 of Resident #1's funds stored in the medication cart. The home's financial record for the resident does not account for this amount of cash.

The home manages the finances for Resident # 2. The resident 's funds included \$27.84 being stored in the medication cart. The home's financial record for Resident #2 does not account for this cash.

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

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

The two Residents #1 + #2 were talked to about staff holding there money Resident #1 was given the \$5.00 from family and did not want it put in away in with [redacted] other money cause [redacted] was going to use it later and wanted staff to hold. Resident #2 it was [redacted] paycheck and was going to use the next day. So we explained to them, that all money must go into there account or if it's from family or work they must keep it in there room. All staff has been told not to hold any money in med cart starting 11-15-17. All other residents were also told about holding money in med. cart.

Training completed by Administrator on 11/15/17. Administrator or designee will complete bi-weekly audits of resident funds to ensure balances are current, and that withdrawals and deposits are accurately recorded. -SC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Simonsen

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

Roxanne Simonsen

Date 12-15-17

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

The above plan of correction is approved as of 1-4-18
(Date)

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

Plan of correction Implementation status as of 1-4-18
(Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The home charges specified amounts for individual personal needs services. The contract for Resident #3, dated [redacted] 17, does not include a fee schedule of actual amounts charged for available services.

The contract for Resident #4, dated [redacted] 17, does not include a fee schedule of actual amounts charged for available services.

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's contract was filled in with the fee charge. Resident #4 fee schedule was also filled in. This was done on 11-15-17.
 In future administrator will fill in all questions on contract. Will also go thru all residents charts to charts to make sure they are filled out correct this will be done by 1-1-2018.

Administrator will develop a checklist that includes all of the required elements specified on resident-home contracts required by this chapter. The checklist will be used by the Administrator or designee to go through all resident charts by 1-1-2018.

The resident record review will be included as part of licensing violations and plans of correction identified as areas needing improvement, during the home's periodic quality management reviews. - *see*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROXANNE SIMONSON</i>	Date <i>12-15-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-4-18
 (Date)

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

Plan of correction implementation status as of 1-4-18
 (Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600
2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #4, dated [redacted] 17, does not specify the party responsible for payment.

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

On Resident #4's contract the party responsible for payment has been filled in this was done 11-15-17.
In future administrator will fill out all blanks on contracts. If I do not know the answer will call family. Will also check other residents charts to be sure they are correct by 1-1-18.

Administrator will develop a checklist that includes all of the required elements specified on resident-home contracts required by this chapter. The checklist will be used by the Administrator or designee to go through all resident charts by 1-1-2018.

The resident record review will be included as part of licensing violations and plans of correction identified as areas needing improvement, during the home's periodic quality management reviews. -be

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Simonson

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

Roxanne Simonson

Date 12-15-17

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

The above plan of correction is approved as of 1-4-18
(Date)

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

Plan of correction implementation status as of 1-4-18
(Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2800

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #3, dated [redacted] 17, does not include the charges for holding a bed during an absence.

The contract for Resident #4, dated [redacted] 17, does not include the charges for holding a bed during an absence.

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

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

ON Resident #3 and #4's contract bedhold amount was put on contract. IN future ADMINISTRATOR will make sure that all blanks are filled out on the contract, on day of admission. Will also check other residents charts by 1-1-18 to make sure they are correct.

Administrator will develop a checklist that includes all of the required elements specified on resident-home contracts required by this chapter. The checklist will be used by the Administrator or designee to go through all resident charts by 1-1-2018.

The resident record review will be included as part of licensing violations and plans of correction identified as areas needing improvement, during the home's periodic quality management reviews. *SE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROXANNE SIMPSON* Date *12-15-17*

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

The above plan of correction is approved as of 1-4-18 (Date)

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

Plan of correction implementation status as of 1-4-18 (Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise

PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed *Aspercrema*, "apply topically to affected area twice a day as needed." On 11/16/17, *Aspercrema* was not available in the home to administer to the resident.

Resident #6 is prescribed *Pepto-Bismol* caplet, "take 1 to 2 tablets by mouth twice a day as needed." On 11/16/17, the medication was not available in 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.

Resident #6 had bought those ^{two} items as over the counter, and then stopped using them SAID [redacted] could not afford. Staff did not discontinue. Pharmacy still had them on MAR due to the DR. called them in as a script. TALK TO STAFF AGAIN THAT IF SOMETHING IS DISCONTINUED YOU MUST DISCONTINUE ON MAR. with DATE/INITIALS.

ADMINISTRATOR will continue to check MAR'S AND MED CHART WEEKLY.

The administrator will develop and implement a system which will include a weekly audit of the MARs to identify current medications, diagnoses or purposes of medications, and dates/times/initials of administration. Training of staff persons regarding missing information will be conducted by 12/30/17. Documentation of training will be kept by the home. Monthly analysis of the weekly audits will be part of the home's periodic quality management reviews. - BE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne Simonson Date 12-15-17

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

The above plan of correction is approved as of 1-4-18 (Date)

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

Plan of correction implementation status as of 1-4-18 (Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Danisa
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

The November 2017 medication administration record (MAR) for Resident #8 does not include a diagnosis or purpose for the medications *Trulicity* and *Pepto-Bismol*.

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 #8'S MAR SHEET WAS CORRECT DIAGNOSIS WAS PUT ON 11-15-17 FOR BOTH MEDS. ^{ON 11-15-17}

SPOKE TO MED. TECHS. AGAIN CALL PHARMACY IF YOU DON'T KNOW DIAGNOSIS. CALL MYSELF (ADMINISTRATOR) DO NOT LEAVE BLANK. FOR DEC. MAR SHEETS JC (ROXANNE) ADMINISTRATOR WENT THRU MARS TO MAKE SURE ALL DIAGNOSIS WERE PRESENT. WILL CONTINUE TO DO THIS EACH MONTH AT BEGINNING OF MONTH.

The administrator will develop and implement a system which will include a weekly audit of the MARs to identify current medications, diagnoses or purposes of medications, and dates/times/initials of administration. Training of staff persons regarding missing information will be conducted by 12/30/17. Documentation of training will be kept by the home. Monthly analysis of the weekly audits will be part of the home's periodic quality management reviews. -SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROXANNE SIMONSON* Date *12-15-17*

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

The above plan of correction is approved as of 1-4-18 (Date)

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

Plan of correction implementation status as of 1-4-18 (Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 11/6/17 at 8:00 pm, Resident #6 was administered Gabapentin. The staff person did not initial the medication administration record (MAR) indicating that the medication was 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 #6 was given [redacted] Gabapentin on 11-6-17. MAR was signed. Not sure how it was missed, to be signed, this resident knows all [redacted] meds, and would have told (myself) Roxanne if [redacted] did not get.

^{Administrator}
In future I will do better with checking MAR sheets. This was my error and I made sure I went to the resident and asked [redacted] if she was missing any pills around that time.

^{Administrator}
I also went back on that day to check all other MARs they were signed.

The administrator will develop and implement a system which will include a weekly audit of the MARs to identify current medications, diagnoses or purposes of medications, and dates/times/initials of administration. Training of staff persons regarding missing information will be conducted by 12/30/17. Documentation of training will be kept by the home. Monthly analysis of the weekly audits will be part of the home's periodic quality management reviews. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Simonson

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

Roxanne Simonson

Date 12-15-17

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

The above plan of correction is approved as of 1-4-18
(Date)

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

Plan of correction implementation status as of 1-4-18
(Date)

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

Violation Report: 33322 - 11/15/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
Resident #5's support plan, dated 10/24/17, was not signed. The home did not make a notation regarding the resident's inability/refusal to sign.

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

ON RESIDENT #5'S SUPPORT PLAN HE REFUSED TO SIGN OR PARTIAL. ^{Administrator} I/DID FORGET TO CHECK THE BOX WAS DONE ON 11-15-17.

IN FUTURE WILL CHECK THE BOXES, ^{Administrator} I NEED TO GO OVER THE SUPPORT PLANS ONCE DONE TO MAKE SURE THEY ARE COMPLETE THEN FILE THEM. ^{Administrator} I WILL START THIS 12-8-17.

Ongoing, all support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable or unwilling to sign, documentation of inability or unwillingness will be kept. . . .

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROXANNE SIMONSON* Date *12-15-17*

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

The above plan of correction is approved as of 1-4-18 (Date)

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

- Plan of correction implementation status as of 1-4-18 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason
 PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 8-10-17, the home's current license was not posted in a conspicuous and public place in 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.

STAFF PERSON A DID NOT PUT CURRENT LICENSE UP TO BE POSTED IN HALLWAY. WHEN IT CAME IN MAIL, WAS POSTED IN OFFICE BY PRESIDENT OF BOARD, COPY WAS NOT PUT ~~IN~~ HALLWAY BY FRONT DOOR.

The home has posted the current license in the hallway ^{8/15/17}

STAFF PERSON A WILL CHECK HALLWAY BOARD TO MAKE SURE LICENSE AND ALL OTHER DOCUMENTS ARE PRESENT WEEKLY WHEN CHECKING MENUS. IF STAFF PERSON A IS NOT THERE STAFF PERSON C WILL DO THIS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR Roxanne N Simonsen Date 8-30-17

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

The above plan of correction is approved as of 9/7/17 (Date)

Plan of correction implementation status as of 11/15/17 (Date)

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

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident 1's glucometer was used to check the blood glucose levels of resident 2 during August of 2017. This was confirmed by comparing glucometer readings with readings recorded on the home's blood sugar charts for the two residents. In addition, staff person A, the administrator, confirmed that the glucometer was shared and stated that Resident 1 gave the home permission to use his/her glucometer to test Resident 2's blood glucose.

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

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

Resident #1 TOLD STAFF she does not need to check her sugars anymore and was giving her monitor to Resident #2. STAFF SAID they CALLED Resident #1 PCP to check if this was correct. DR. Finally sent order. STAFF person #1 was not TOLD THAT STAFF WAS USING Resident #1, monitor FOR Resident #2. UNTIL 2 DAYS BEFORE AUG. 10, 2017. There WAS A problem with Resident #2'S INSURANCE THAT I WAS WORKING ON TO get her a new monitor. TOLD STAFF ON AUG. 8, 2017, to not use another monitor on someone else. STAFF continued TO use because they SAID Resident #1 SAID IT WAS OK IT'S my machine.

Resident #2 HAS her OWN monitor NOW. HAD A meeting with STAFF TOLD them IT IS un-sanitary TO use another person's monitor, NEVER listen to what a Resident says that it's O.K. There ARE Regulations. TO prevent this FROM happening AGAIN ALL STAFF HAS BEEN TOLD IF they use another monitor on someone else, they will be written up OR maybe terminated.

Continued on Page 3A

Repeat Violation No	Date(s) of Previous Violation(s)
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Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne N Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR
 ROXANNE SIMONSON Date 8-30-17

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

The above plan of correction is approved as of 9/8/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)

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

2600.85(a)

- The home will review all of the glucometers to assure that each glucometer is labeled to identify the specific resident it is to be used upon. This shall be completed within 5 days from the receipt of this plan. GAS
9/7/17
- Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed within 10 days from receipt of this plan. GAS
9/7/17
- The home shall review and amend the home's policies regarding 2600.185a, specifically addressing the safe storage, access, distribution, and use of glucometers and testing equipment. A copy of the updated policy will be provided to and reviewed with all medication administration staff. This shall be completed within 30 days from receipt of this plan. GAS
9/7/17
- The Administrator, or another designated staff person, shall review the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing. The weekly audits shall occur for a period of six (6) weeks commencing on the date this plan is received. Documentation of the audits shall be maintained by the home for Department review. GAS
9/7/17
- The Administrator, or another designated staff person, shall observe each staff responsible for medication administration perform blood glucose checks and/or medication administration duties. Each staff will be observed once per week for a period of six (6) weeks to evaluate the staff members' sanitary practices and compliance with the home's glucometer use policy. Thereafter, each staff will be observed in accordance with the annual practicum requirements for Medication Administration. Documentation of the observations shall be maintained by the home for Department review. GAS
9/7/17

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 8-10-17, a partially full gasoline can was located next to the sidewalk at the rear of the home. The gasoline can was unlocked and accessible to 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.

STAFF PERSON C DID LEAVE GAS CAN OUT, DOES KNOW TO PUT CAN IN SHED THAT IS LOCKED. ADMITTED HE FORGOT WAS MOWING GRASS, GOT BUSY AND FORGOT TO PUT CAN BACK. WAS ALSO HAVING FUME PROBLEMS FROM THE HEAT.

TO PREVENT FUTURE OCCURRENCES GOT A NEW GAS CAN THAT WE CAN VENT, THAT CAN GO IN SHED REGARDLESS OF TEMP. WILL SO PUT A CALENDAR ON SHED DOOR TO CHECK OFF THAT GAS CAN HAS BEEN RETURNED AFTER USE, AND IS LOCKED. THIS WILL BE DONE BY STAFF PERSON C NEW CAN WAS BOUGHT IN AUGUST 2017. CALENDAR TO START SEPT. 1, 2017.

The administrator, or a designated staff member, shall perform a daily walk-through of the facility and facility grounds to check that all combustible materials are properly stored.

BAS
9/7/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne N. Simonson

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

ADMINISTRATOR
Roxanne N. Simonson

Date 8-30-17

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

The above plan of correction is approved as of 9/8/17
(Date)

Plan of correction implementation status as of 11/15/17
(Date)

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

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

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's evacuation time, as determined by a fire safety expert on 6-28-17, is 2 minutes and 20 seconds. The fire drill completed on 7-12-17 required 2 minutes and 31 seconds to complete.

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

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

STAFF PERSON A CALLED Columbia Borough Fire chief [redacted] ON 8-10-17, ALSO 8-11-17, LEFT MESSAGES. CALLED AGAIN ON 8-15-17 LEFT A MESSAGE. ON 8-21-17 HE CALLED ME BACK TOLD HIM THE PROBLEM, HE TOLD ME THAT THE PAPER HE SIGNED BY A FIRE EXPERT 6-28-17 SHOULD HAVE READ 5 minutes AND 20 seconds. IT WAS A MISS PRINT, AND WILL SEE I GOT A NEW LETTER ON 8-22-17 IN THE EVENING. HE DID NOT COME, SO I CALLED LEFT MESSAGE 8-23-17. DID BRING LETTER ON 8-25-17. FAXED TO YOUR OFFICE.

IN FUTURE STAFF PERSON A WILL MAKE SURE ALL PAPERS ARE CORRECT WHEN FIRE CHIEF BRINGS THEM. WILL CHECK DATES, TIMES, BEFORE HE LEAVES. SO THIS DOES NOT OCCUR AGAIN.

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

Signature of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simonson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Date 8-30-17

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

The above plan of correction is approved as of 9/7/17 (Date)

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

Plan of correction Implementation status as of 11/15/17 (Date)

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident 3, dated 4-21-17, does not include documentation for special dietary 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.)

STAFF PERSON A CALLED CASEWORKER AT HOME [REDACTED]. SAID SHE DOES NOT HAVE A COPY CALLED HER 8-10-17, CALLED EVERY DAY, CALLED BACK 8-17-17. CALLED HOLY SPIRIT HOSP. TO SEE IF THEY HAVE COPY 8-12-17 HAVE CALLED EVERY OTHER DAY. SENT FAX ALSO 4507 8-23-17 WAS STILL CALLING ON 8-25-17 [REDACTED] CASEWORKER TOLD ME SHE WAS GOING TO HAVE A DOCTOR FILL OUT AND SENT 8-29-17. STILL NOTHING.

STAFF PERSON A WILL CALL RESIDENT #3'S PCP AND MAKE AN APPOINTMENT TO HAVE A NEW DME DONE IN SEPT. IN FUTURE WILL PUT ALL PAPERS IN CHARTS ON DAY RECEIVED. STAFF PERSON I EVEN LOOKED IN [REDACTED] PAPERS NOT THERE. ONCE RESIDENT #3 HAS APPOINTMENT WILL FAX NEW DME WILL BE DONE BY END OF SEPT 2017.

The administrator, will review all Documentation of Medical Evaluation (DME) forms, prior to its filing in the resident's record, to assure that the form was completed in entirety.

WAS 9/7/17

Repeat Violation: No	Date(s) of Previous Violation(s)
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Roxanne N. Simonson</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>ROXANNE N. SIMONSON ADMINISTRATOR</i>	<i>8-30-17</i>

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

The above plan of correction is approved as of 9/8/17
(Date)

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

Plan of correction implementation status as of 11/15/17
(Date)

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason
 PCH Name: OUR HOME OF HOPE INC

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

2a. DESCRIPTION OF VIOLATION

On 8-10-17, resident 4's Advair Discus 250 /50 was present in the medication cart. The plastic storage bag it was stored in stated the medication was opened on 7-2-17. Storage instructions state that the medication should be discarded 1 month after removal from the protective foil wrap.

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

STAFF PERSON RITALKED TO ALL MED-TECHS ABOUT RESIDENT #4'S ADVAIR BEING OLD AND SHOULD HAVE BE DISCARDED AFTER 30 DAYS. TOLD THEM THEY MUST DO A BETTER JOB OF LOOKING AT DATES.

IN FUTURE STARTING SEPT 1, 2017 THERE WILL BE A CALENDAR THAT ONCE A WEEK 1ST SHIFT WILL CHECK FOR DISCARDED/OUT DATED MEDS. 2ND SHIFT WILL CHECK THE FOLLOWING WEEK, THEN BACK TO 1ST FIRST SHIFT. AFTER CHECKING CART THEY MUST SIGN THE CALENDAR THIS WAS DONE. THIS WILL BE DONE BY MED-TECHS. ADMINISTRATOR WILL CHECK WEEKLY THAT MED-TECHS ARE DOING.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rolande H. Simpson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ROLANDE H SIMPSON ADMINISTRATOR* Date *8-30-17*

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

The above plan of correction is approved as of 9/5/17
 (Date)

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

Plan of correction implementation status as of 11/15/17
 (Date)

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident 5 does not include documentation of the diagnosis or purpose for Aspirin, 81 mg, Docusate Sodium, 100 mg, Ferrous Sulfate, 325 mg, Omeprazole, 20 mg.

Resident 5's Medication Administration Record does not document the strength for the prescribed Potassium K-Dur.

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.

OUR MAR SHEETS ARE NORMALLY DONE BY PHARMACY, RESIDENT # 5 CAME HOME FROM BEING IN A REHAB. THE PHARMACY DID NOT PROVIDE MARS. SO STAFF WROTE THEM OUT. ON THE PACKET THERE WAS NO DIAGNOSIS. ON 8-10-17 I STAFF # 1 PUT THE DIAGNOSIS ON. THE STAFF SHOULD HAVE CALLED THE PCP OR PHARMACY TO GET THE DIAGNOSIS, OR CALLED THE REHAB. STAFF WAS TOLD THIS.

IN FUTURE TO PREVENT THIS I WILL CALL PHARMACY TO SEE IF THEY CAN PRINT MARS AND SEND OUT WITH MARS. WHEN SOMEONE COMES HOME FROM HOSP./REHAB. ALSO STAFF HAS BEEN TRAINED TO CALL PCP OR PHARMACY FOR DIAGNOSIS IS NOT ON PAPERWORK JUST DON'T LEAVE BLANK.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rolando A. Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROLANDO A. SIMONSON ADMINISTRATOR* Date *8-30-17*

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

The above plan of correction is approved as of 9/7/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 8-10-17, at 9am, resident 5 was administered the prescribed Losartan 100 mg tablet. Staff person B did not record the date and time of administration until approximately 1:30pm.

[Redacted]

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Immediately, include dates by which the steps will be completed.

STAFF PERSON A TALK TO STAFF PERSON B AS TO WHY RESIDENT #5'S MED WAS NOT SIGNED FOR - SHE SAID SHE FORGOT. ALSO CHECKED ABOUT BLOOD SUGAR THAT WAS 3RD SHIFT STAFF SAID SHE THOUGHT SHE PUT IN BOOK. TALKED TO BOTH EMPLOYEES ABOUT HOW SIGN WHEN YOU ARE GIVING MED/ SIGN WHEN DOING SUGAR, THIN WHY YOU DON'T FORGET AND THAT IS HOW YOU WERE TRAINED. GO WENT OVER THE IMPORTANCE OF SIGNING.

IN FUTURE STAFF PERSON A WILL CHECK MARS AND BLOOD SUGARS AT 10PM TO MAKE SUGAR THEY ARE BEING DONE. STAFF PERSON B WILL CHECK MARS AND BLOOD SUGARS AT 2PM TO MAKE SURE THEY HAVE BEEN DONE. WE WILL DO THIS FOR 2 WEEKS AND THEN MONTHLY. ANY MED-TECH OR AIDE NOT SIGNING WILL BE WRITTEN UP. THIS WILL START SEPT. 1, 2017.

Repeat Violation No	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Page)		
[Signature: Roseanne N. Simonson]		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ROSEANNE N SIMONSON ADMINISTRATOR		8-30-17

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

The above plan of correction is approved as of 9/7/17
(Date)

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

Plan of correction implementation status as of 11/15/17
(Date)

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

Violation Report: 33322 - 08/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

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

2a. DESCRIPTION OF VIOLATION
Resident 1 is ordered to have blood sugar checks completed three times per day. The home hasn't checked the resident's blood sugar since 6-30-17.

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

Resident #1 came to staff 6-30-17 said she don't need her sugars checked anymore. Staff person 1 could find no documentation on this - my staff should have just wrote "REFUSED" and called her PCP. They took her word, she is a difficult resident who was given 30 days 2 months ago still there and I know she is hard to work with but they cannot just take her word. I staff person A called PCP 8-10-17 DR. confirmed it was true told her to stop doing sugars, but did not fax us. Letter faxed to us 8-14-17.

In future if any residents refuse meds/sugars/BIP ect. staff has been told to right refused, call PCP, document in kg book or on MAR. They have a right to refuse but we must document.

The Administrator, or another designated staff person, will audit five (5) Medication Administration Records on a weekly basis for a period of four (4) weeks to ensure that residents are being provided their medications as prescribed. The five record sample shall be taken so that no resident record is reviewed two consecutive weeks. The audit shall be implemented upon receipt of the plan.

BAS 9/7/17

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

Signature of Legal Entity Representative (Required on EVERY Page) ROXANNE SIMONSON

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROXANNE SIMONSON ADMINISTRATOR Date 8-30-17

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

The above plan of correction is approved as of 9/8/17 (Date)

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

Plan of correction implementation status as of 11/15/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

Three boxes of resident records were located on the 3rd floor landing of the home. The records were unlocked and accessible and included emergency transfer sheets with the names, dates of birth, social security numbers and medical diagnoses of current and former 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.

We did lock-up one box of files, the other 2 boxes were books belonging to a resident. When the box was put upstairs, the staff did not tell my [redacted] that it was there to lock in file room. Talk to all staff told them that any files must be locked away right away do not let them sit on landing. Box was locked w/ on Aug. 10, 2017.

The administrator, or a designated staff member, shall perform a daily walk-through of the facility to check that all records properly stored.

BAS 9/7/17

Repeat Violation No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page)	
Roxanne N. Simonson	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
ROXANNE N. SIMONSON	
Date	8-23-17

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

The above plan of correction is approved as of 9/8/17
(Date)

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

Plan of correction implementation status as of 11/15/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
 PCH Name: Our Home of Hope, Inc

1. REGULATION 55 Pa. Code §2800
 2800.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident # 1, admitted [redacted] 17, did not have a resident-home contract completed.

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

Resident #1 HAS signed her contract on 10-18-17. IN future the contracts will be signed, due to my illness the contract was not signed, so I will be training a staff member that when a new resident comes to the home how to get all papers signed the day of admission, in a case that I would be out with a illness or injury again. if there is any papers I must sign, my staff will see that they are brought to my home. TRAINING FOR this will all be completed by Nov. 17, 2017.

The administrator will develop a new admission checklist that lists all initial paperwork, including the resident-home contract, and will review this checklist upon admission of all new residents to ensure the required forms are in place.

The administrator will also audit all resident records by 12/1/2017 to ensure that each resident has a resident-home contract.

NSC - 11/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Roxanne N. Simonsen

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

Roxanne N. Simonsen Administrator

Date 11-6-17

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

The above plan of correction is approved as of 11-8-17
 (Date)

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

Plan of correction implementation status as of 11-15-17
 (Date)

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

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
PCH Name: Our Home of Hope, Inc

1. REGULATION 55 Pa.Code §2800
2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
Resident Rooms 207 and 208 have current bed bug activity. Inspectors also observed bed bug shells on the floor in Resident Room 207.

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.

Rooms 207+208 were treated by our pest control 10-23-17. (See Bill)
Once a week 2 staff gather building a check for beds for bugs, we have been doing this for months, they spray beds with alcohol. If bugs are present we call pest control = [redacted] at kirchner's pest control said we are doing all we can, we have had residents reduce clutter. We do checks weekly and we call him if we find any.

Staff will do a walkthrough of all areas of the home twice per day to identify and spray bedbugs with the alcohol solution suggested by Kirchner's Pest Control. Documentation of this shall be kept.

The administrator will adhere to all requests made by Kirchner's Pest Control pertaining to preparation for bed bug treatment. The administrator will ensure that all rooms are clean and uncluttered prior to a treatment, furniture that cannot be salvaged is discarded immediately and a more frequent laundry schedule is implemented until the infestation can be eliminated.

All receipts and documentation regarding bed bug treatments will be provided to the Department.

NSC - 11/8/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simonson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROXANNE N SIMONSON ADMINISTRATOR Date 11-6-17

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

The above plan of correction is approved as of 11-8-17 (Date)

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

Plan of correction implementation status as of 11-15-17 (Date)
1-4-18
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
 PCH Name: Our Home of Hope, Inc

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Black mold was located at the base of the tub in the 2nd floor bathroom. Several tiles were also missing from the floor in this bathroom.

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

Black mold was removed, ~~it~~ ^{that} was in base of tub. Tiles were replaced. Told Board President had to be fixed. On 10-28-17 plumber came out. Will send pictures. Explained to Board President that when these things happen we must take care of them asap. She said that in future they will be fixed in a more timely matter. (Faster).

The administrator will check all areas of the home daily to identify areas that may need cleaned or repaired.

NSC - 11/8/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/10/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Roxanne N. Simonson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne N. Simonson* ADMINISTRATOR Date *11-6-17*

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

The above plan of correction is approved as of 11-8-17
 (Date)

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

Plan of correction implementation status as of 11-15-17
 (Date)

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

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
PCH Name: Our Home of Hope, Inc

1. REGULATION 85 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 10/18/17, Resident # 2's acetaminophen was present on the medication cart. This medication expired on 5/20/17.

On 10/18/17, Resident # 3's acetaminophen was present on the medication cart. This medication expired on 8/2/17.

On 10/18/17, Resident # 4's diphenhydramine was present on the medication cart. This medication expired on 10/12/17.

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.

EXPIRED MEDS. FOR RESIDENTS #2, #3, #4, WERE SENT BACK TO PHARMACY SINCE THEY EXPIRED. ON THE MORNING OF 10-18-17 MY MED. TECH TOLD ME SHE JUST WENT THUR. CART. SO TO PREVENT THIS FROM HAPPENING AGAIN WE ARE GOING TO GO THUR CART TOGETHER. I WAS NOT THERE FOR A FEW WEEKS TO GO THUR CART TO CHECK THE STAFF, DUE TO INJURY. SO WE WILL DO ANOTHER TRAINING OF GOING CART FOR EXPIRED MEDS. ONCE TRAINING IS DONE WILL SEND A LETTER THAT ALL MED TECHS HAVE BEEN TRAINED. WILL BE COMPLETED BY NOV. 13, 2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne N. Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROXANNE N SIMONSON ADMINISTRATOR* Date *11-6-17*

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

The above plan of correction is approved as of 11-5-17 (Date)

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

Plan of correction implementation status as of 11-15-17 (Date)

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

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
PCH Name: Our Home of Hope, Inc

1. REGULATION 55 Pa.Code 52600
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

The glucometer for Resident # 8 contained a recorded measurement of 109 on 10/8/17, however the log present in the medication administration record (MAR) documented 123.
The glucometer for Resident # 8 contained a recorded measurement of 131 on 10/11/17, however the log present in the medication administration record (MAR) documented 134.

The glucometer for Resident # 6 contained a recorded measurement of 142 on 10/11/17, however the log present in the medication administration record (MAR) documented 138.
The glucometer for Resident # 6 contained a recorded measurement of 149 on 10/12/17, however the log present in the medication administration record (MAR) documented 168.

The glucometer for Resident # 7 was not set with the correct date and time.

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

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

Sending a copy of Policy. For Resident #6 and #8 we had to get new monitors we have been checking the logs with meters and some were still off we called pharmacy and they said we need new meters. DR ordered and now they are good. The meter + log book match. on Resident #7 we are waiting on her DR to order her a new one. Her date/time cannot be set. Readings are still off. Administrator will check monthly at different times the meter's + record the meter + log reading on sheet that inspector gave. Also sending you reading.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne N. Simenson

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

Roxanne N. Simenson Administrator

Date 11-6-17

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

The above plan of correction is approved as of 11-8-17
(Date)

Plan of correction implementation status as of 11-15-17
(Date)

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

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

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise
 PCH Name: Our Home of Hopa, Inc

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include the diagnoses or purpose for the following medications: Aspirin 81mg, Atrovastatin 40mg, Busprone 5 mg, Citalopram 40 mg, Folic Acid 1 mg, Lurasidone 80 mg, and Pantoprazole 40 mg.

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 MAR FOR RESIDENT #1 HAS THE DIAGNOSES LISTED DONE ON 10-18-17.
 THE STAFF HAS BEEN TOLD TO CALL THE PHARMACY OR DR. TO GET THE DIAGNOSES.
 I WILL DO ANOTHER TRAINING AGAIN ON THIS, AGAIN I WAS NOT HERE A FEW WEEKS AND DID NOT CHECK MARKS. BY NOV. 17, I WILL HAVE A MEETING WITH MED TECHS. I HAVE ALSO TALKED TO BOARD ABOUT AD IN PAPER FOR BETTER HELP. I HAVE TRAINED THESE STAFF MULTIPLE TIMES. WILL SEND LETTER ONCE TRAINED BY NOV. 17, 2017.

The administrator will review medication administration records for all residents at least bi-monthly to ensure that the diagnosis for each medication is present. Documentation of these MAR reviews shall be kept.

NSC - 11/8/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Roxanne N Simonson ADMINISTRATOR Date 11-6-17

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-15-17
 (Date)

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

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

Violation Report: 33322 - 10/18/2017 - Gillespie, Denise

PCH Name: Our Home of Hope, Inc

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted on [redacted] 17. The home has not completed an Initial assessment for this resident.

Resident # 5 was admitted on [redacted] 17. The Initial resident assessment has not been completed as the the following sections are blank: Medical Diagnoses-Physical, Dental Need, Dietary Need, Sensory Need, Medical Diagnoses- Psychological, Behavioral or Cognitive Need, and Social and Recreational 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.

Resident #1 Assessment IS Done

Resident #5 Assessment IS FINISHED

Due to illness the one for #1 Resident was not finished (my illness).

Resident #5 WAS IN +out of hosp. things were changing and he was not ALWAYS he so it was HARD TO TALK TO HIM, BUT IT IS FINISHED.

IN FUTURE we will make SURE the ASSESSMENTS ARE DONE, I will BE TRAINING A STAFF MEMBER TO help WITH RESIDENTS CHARTS STARTING Nov. 13, 2017.

The administrator will develop a new admission checklist that lists all initial paperwork, including the initial assesment, and will review this checklist upon admission of all new residents to ensure the required forms are in place.

The administrator will also audit all resident records by 12/1/2017 to ensure that each resident has a current assessment.

NSC - 11/8/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) Roxanne H. Simonson			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne H Simonson ADMINISTRATOR		Date 11-6-17	

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

The above plan of correction is approved as of 11-8-17 (Date)

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

Plan of correction implementation status as of 11-15-17 (Date)

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