



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to CARE HSL NEWTOWN OPCO LLC  
LEGAL ENTITY

To operate THE BIRCHES AT NEWTOWN  
NAME OF FACILITY OR AGENCY

Located at 70 DURHAM ROAD, NEWTOWN, PA 18940  
(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 120  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 57**

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 September 15, 2017 until September 15, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 142300

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

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

SEP 15 2017

Mr. Kevin McCollum,  
Member  
Care HSL Newtown OPCO, LLC  
c/o Heritage Senior Living  
765 Skippack Pike  
Blue Bell, Pennsylvania 19422

RE: The Birches at Newtown  
70 Durham Road  
Newtown, Pennsylvania 18940  
License #: 142300

Dear Mr. McCollum:

As a result of the Department of Human Services' annual licensing inspections on August 14, 2017 and August 15, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

Mr. Kevin McCollum

2

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1, admitted on [redacted] 17, was not signed by the resident until 8/14/17.

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.

SUMMARY- Resident #1 suffers from Parkinson's and had [redacted] sign as POA on the resident signature line. Notation should have indicated that resident was unable to sign. (Attachment A)

IMMEDIATE CORRECTION- Notation was made to contract, and Resident #1 put [redacted] mark acknowledging [redacted] had asked [redacted] to sign on [redacted] behalf. An audit was completed by Executive Director to review contracts for signature. (see attachment Z1). The Executive Director trained the staff noted as designees on 8/17/17. (see attachments B & C)

WHO- Executive Director or designees (Marketing Director, Marketing Associate, Resident Care Director) will review and execute contracts.

WHEN- Immediate and ongoing implementation

HOW- Upon move in, Executive Director or designee will review and execute Resident Agreement, and they will be checked for accuracy of signatures, and notes of refusal or unable if applicable.

ONGOING- for the next 6 months, Executive Director will conduct audits, monthly for all new move in agreements. (attachment D). The results will be reviewed at quarterly QA meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*      Date *8/31/17*

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

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

Plan of correction implementation status as of *9/6/17* (Date)

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

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

Violation Report: 14230 - 08/14/2017 - Kazimer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2800  
 2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A, hired on [redacted] 17, had a criminal background check requested on 8/29/17.

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.

SUMMARY- Direct Care Person A was hired prior to criminal background requested.

CORRECTION-All active associate files were audited by the Executive Director on 8/18/17, and found to be in compliance (attachment Z2). Administrative staff were in serviced on the regulation and procedure moving forward. (attachments E & F)

WHO- Executive Director will review and initial new hire checklist for accuracy. (attachment G)

WHEN- Prior to file going to Business office for payroll processing, Executive Director will review for accuracy

ONGOING- New Hire files will be reviewed and signed off as in compliance with regulations, prior to being filed.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kim Cahill Yannuzzi Date 8/31/17

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

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

Plan of correction implementation status as of 9/6/17  
 (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: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2600  
 2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

- There was an unlabeled bar of soap in the shared shower of rooms 101A and 101B.
- There was an unlabeled bar of soap in the shared shower and on the shared sink of rooms 203A and 203B.
- There was an unlabeled bar of soap in the shared shower of rooms 219A and 219B.

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.*

SUMMARY- 3 companion apartments on Personal Care, were found to have unlabeled bar soap.

IMMEDIATE CORRECTION- Bar soap containers were purchased, labeled and issued to those rooms that were found out of compliance. (attachment J) Housekeeping staff were in serviced on 8/25/17, the regulation was reviewed and new procedure to maintain compliance. (attachment H & I).

WHO, HOW, WHEN- Housekeeping staff will audit rooms weekly during apartment cleaning, and record findings on audit tool. (attachment K)

ON\_GOING- Rooms that are found out of compliance will be issued the containers at that time.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *8/31/17*

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

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

Plan of correction Implementation status as of *9/6/17*  
 (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: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2800  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident #2 does not indicate the resident's ability to self-administer medications.

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.

SUMMARY-The Medical Evaluation for Resident #2 was not updated to reflect resident was no longer self-administering [redacted] medications

IMMEDIATE CORRECTION- a new DME was completed and signed by Nurse Practitioner to reflect correct information that resident cannot self-administer medications. (attachment N). Administrative Staff and Resident Care Director were in serviced on DME contents and significant changes (attachment L & M).

WHO-Executive Director, Administrative staff and Resident Care Director will update and or complete new DME with significant changes as they occur.

WHEN- Immediately and ongoing, Resident care Director and Executive Director will review all resident's conditions at the weekly Collaborative Care Meetings and any significant changes that are found will be addressed as needed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yammuzzi* Date *8/31/17*

**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 *[Signature]*  
 (Initials)

Plan of correction implementation status as of *9/6/17*  
 (Date)

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

Violation Report: 14230 - 08/14/2017 - Kazimer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident #3's last medical evaluation was completed on 6/8/16, and the most recent medical evaluation was completed on 8/2/17.
- Resident #4's last medical evaluation was completed on 4/29/16, and the most recent medical evaluation was completed on 6/1/17.

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.*

SUMMARY- Resident #3 had Medical evaluation on 6/6/16 and then most current 8/2/17. Resident #4 had evaluation on 4/29/16 and most recent on 6/1/17. Medical evaluations were dated later than 1-year allotment of the previous one.

IMMEDIATE CORRECTION- Audit was completed by Executive Director on all current Medical evaluations on 8/16/17. (attachment Z3). Report from electronic medical records was run to compare and ensure accuracy. (attachment Z). Administrative Person and resident Care Director were in serviced on 8/17/17 (attachment L & M), to ensure understanding of regulation that no more than 365 can pass from last medical evaluation to the current one due.

WHO, WHEN, HOW- Administrative Staff person or Resident Care Director will run report from electronic records system, weekly to ensure evaluations due are completed timely.

ON GOING- as above. The Executive Director will conduct monthly Quality Assurance audits and report findings at the quarterly QA meetings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/24/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *8/31/17*

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

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

Plan of correction Implementation status as of *9/6/17*  
 (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: 14230 - 08/14/2017 - Kazimer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 65 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #7 has an order for Digoxin 0.125mg, take one and a half tabs daily. The pharmacy scrip label contains a indication to hold if the resident's heart rate is less than 60. Staff have been taking the resident's blood pressure daily, but not heart rate.

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.*

SUMMARY- The heart rate was not being recorded for Resident # 7 for Digoxin per the order to hold if resident heart rate below 60.

IMMEDIATE CORRECTION- resident Care Director added the parameter to the MAR on 8/17/17. (attachment Q). Medication techs were in serviced on 8/18/17 and reminded that heart rate should be taken on any resident receiving digoxin prior to administering. (attachment O & OA). Resident Care Director audited all those residents receiving Digoxin to ensure heart rate was included on MAR. (attachment P)

WHO- WHEN-Resident Care Director will run report monthly to ensure all the residents receiving Digoxin have heart rate being taken.

ON-GOING- Resident Care Director will add heart rate to all new Digoxin orders as they are reviewed for approval. The report will be run monthly and results reviewed at quarterly QA meeting.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *8/31/17*

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

The above plan of correction is approved as of <i>9/5/17</i> (Date)	Plan of correction Implementation status as of <i>9/9/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 08/14/2017 - Kazimer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 65 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 The label for resident 6's Acetaminophen 325mg PRN reads to take every 8 hours as needed. The order for Acetaminophen 325mg is to take every 4 hours as needed.

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

SUMMARY- The label for resident #5 Tylenol did not match the MAR order of prescriber.  
 IMMEDIATE CORRECTION- Direction change sticker was added to the Bingo card at the time of inspection. Medication Techs were in serviced on 8/18/17, on the importance of matching label to MAR with every medication. (attachment O & OA). A new bingo card was received on 8/16/17, and label and MAR currently match. (attachment R & RA)  
 WHO-WHEN- Resident Care Director or designee, will conduct monthly cart to MAR audits, along with a quarterly audit by Trinity Pharmacy  
 ON GOING- Audits will be reviewed by Executive Director and results discussed at quarterly QA. Monthly staff meetings will include medication Tech reminders of POC.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *8/31/17*

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

The above plan of correction is approved as of <i>9/5/17</i> (Date)	Plan of correction implementation status as of <i>9/12/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

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 8/13/17 at 4:32pm, resident #1's Tramadol HCL 50mg was administered. Staff signed the narcotic count sheet but did not initial the MAR.

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.

SUMMARY- Medication tech signed the narcotic out in the book, but failed to record on MAR.

IMMEDIATE CORRECTION- Resident Care Director added the dosage as a late entry on MAR. (attachment S) Medication Techs were in serviced on 8/18/17 on the importance of signing both the narcotic book and recording the PRN on the MAR.

WHO-WHEN Resident Care Director, and or Executive Director will conduct weekly checks of the MAR against the narcotic sign off sheets to ensure medications that were given are properly documented. Those not will be recorded as late entries on MAR.

ON GOING- as above, staff will be reminded at monthly staff meetings the importance of proper documentation. Any omissions will be addressed with that particular medication Tech, and education will be given on a 1:1 bases.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yanner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yanner* Date *8/31/17*

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

The above plan of correction is approved as of 9/3/17  
 (Date)

Plan of correction implementation status as of 9/2/17  
 (Date)

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

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

Violation Report: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 65 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 #6, admitted on [redacted] 17, had an initial assessment completed on [redacted] 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.

SUMMARY- Resident #6 assessment was done at 30 days not the regulated 15 days after move in.

IMMEDIATE CORRECTION- Administrative Person and Resident Care Director were in serviced on the regulation on 8/17/17 (attachment L & M). Report was run from electronic record system to obtain current assessments due to maintain compliance with regulation.

WHO, WHEN, HOW- Administrative Staff person or Resident Care Director will run report from electronic records system, weekly to ensure assessments due are completed timely.

ON GOING- as above. The Executive Director will conduct monthly Quality Assurance audits and report findings at the quarterly QA meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *8/31/17*

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

The above plan of correction is approved as of <i>9/5/17</i> (Date)	Plan of correction implementation status as of <i>9/6/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 08/14/2017 - Kazimer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2800  
 2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION  
 Resident 2's assessment, completed 4/11/17, does not address the resident's needs related to medication administration.

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.

SUMMARY- Resident #2 had a significant change and it was not documented on Support Plan

IMMEDIATE CORRECTION- a new RASP was completed on 8/18/17, and it now reflects the change of resident no longer able to self-medicate. (attachment T) Administrative Person and Resident Care Director were in serviced on the regulation on 8/17/17 (attachment L & M)

WHO-WHEN-HOW- resident Care Director and Executive Director will uncover any significant changes at Collaborative Care Meeting, weekly. Any found will be documented in a new RASP

ON GOING- as above. The Executive Director will conduct monthly Quality Assurance audits and report findings at the quarterly QA meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yarnuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yarnuzzi* Date *8/21/17*

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

The above plan of correction is approved as of <i>9/5/17</i> (Date)	Plan of correction implementation status as of <i>9/6/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 08/14/2017 - Kazlmer, Lauren  
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's support plan, completed on 6/30/17, was not signed by the resident.

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.

SUMMARY- Resident #4 refused to sign RASP at time of care conference, and no notation of refusal was made.

IMMEDIATE CORRECTION-Executive Director reviewed RASP with resident on 8/14/17, and obtained signature at that time. (attachment U). Administrative Person and Resident Care Director were in serviced on the regulation on 8/17/17 (attachment L & M).

WHO-WHEN-HOW- resident Care Director and Executive Director will review RASPs at Collaborative Care Meeting, weekly, to ensure signatures are present. When RASPs are completed, signatures will be obtained at Care Conference Review and any refusals will be so noted

ON GOING- as above. Any findings of noncompliance with regulation will be reported and discussed at the quarterly QA meetings.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kim Cahill*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kim Cahill Vannuzi* Date *8/31/17*

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

The above plan of correction is approved as of <u>9/5/17</u> (Date)	Plan of correction implementation status as of <u>9/6/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented