



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PERSONACORP INC  
LEGAL ENTITY

To operate LIBERTY SQUARE PERSONAL CARE  
NAME OF FACILITY OR AGENCY

Located at 86 MAIN STREET, STOUCHSBURG, PA 19567  
(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 19  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

Restrictions: \_\_\_\_\_

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

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

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

No: **205721**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

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

HS 628 - 2/18cse



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** MAR 08 2018

Ms. Andrea L. Stone  
President  
Personacorp Inc.  
86 Main Street  
Stouchsburg, Pennsylvania 19567

**RE:** Liberty Square Personal Care  
License #: 205721

Dear Ms. Stone:

As a result of the Department of Human Services' (Department) licensing inspection on August 15, 2017 and December 19, 2017 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 205720 dated November 21, 2017 to November 21, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 21, 2017 to November 21, 2018 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

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

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
125(a)	III	10	\$3	\$30	15 calendar days from mailing date of this letter
141(b)(1)	III	10	\$3	\$30	15 calendar days from mailing date of this letter

187(a)            III            10            \$3            \$30            15 calendar days from  
mailing date of this letter

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


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

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

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

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

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

An interview with Administrator A indicated that the fire department responded to the home over the weekend of 8/12-8/13/17 due to the fire alarm being activated. The home did not submit an incident report to the Department. Resident #1 did not receive the prescribed Gabapentin 600mg and Tramadol 50mg on 8/11/17 at 12am. The home did not submit an incident report to the Department regarding the medication error.

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

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

Part 1

Fire alarm was activated over the weekend of 08-12 + 08-13 due to a power surge. The home was not aware that this was a reportable incident. The monitoring service called the fire dept. to notify them of false alarm while they were enroute to our property. The firemen did not enter the home. We are now aware that this needs to be reported to the department. Administrator will be responsible.

Part 2

If resident #1 refuses to wake up/get up at midnight for pain medication, the department will be notified. (Notification will also be given to PCP) Administrator will be responsible. All medication errors or missed medications shall be reported to the department as stated in 260016c

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrea L Stone*

*M*  
 2/24/18

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

Andrea L Stone, administrator

Date 09-16-2017

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

The above plan of correction is approved as of

12-11-17  
 (Date)

Plan of correction implementation status as of

2/22/18  
12/19/17  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**

The home's boiler certificate expired 6-29-17.

The home has not installed any carbon monoxide detectors. The home is heated with gas PTAC units through out the building and has a gas stove in the kitchen.

**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.*

Part 1  
 Please see attached copy of current boiler certificate. Expiration date is 05-26-2018.

Part 2  
 Carbon monoxide detectors will be installed per manufacturer's instructions.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, administrator</i>	Date <i>12-15-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12.11.17  
 (Date)

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

Plan of correction implementation status as of 2.22.18  
 (Date)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The personnel file for Direct Care Staff Person B, date of hire 7-18-16, did not contain a PA background check.

**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.*

DCS person B's background check was done on date of inspection. (see attached copy)  
 Administrator will get background checks for new employees on first day of providing services to residents.

- The home will obtain a valid criminal history check for all employees working in the home.
- The administrator shall create a new hire check list to ensure they are done timely.
- The administrator shall monitor and be responsible for ongoing compliance.

*12/19/17*  
*2/22/18*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/07/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *09-15-2017*

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

The above plan of correction is approved as of 12.11.17 (Date)

Plan of correction implementation status as of 2/22/18 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

All direct care staff perform the ancillary duties of the home. Staff person B, date of hire 7-18-11, was not trained or provided a job description on his/the ancillary duties of the home.

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

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

DCS person's date of hire was recorded in employee file as 07-18-2016. She began her training at that time but left Liberty Square to take another job. She returned to continue training and work in January of 2017.

She completed her orientation on 01-12-2017. (This included her supervised practice of job duties.) She did not work independently until 05-2017.

Administrator will make sure that all new employees will receive an orientation and a job description before they are put on the work schedule.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, administrator</i>	Date <i>08-16-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12.11.17  
 (Date)

Plan of correction implementation status as of 12/19/17  
 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to direct care staff person(s) in training year 2016, did not include the required element of medication self-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.*

Medication self-administration training was added to the staff training plan for 2017.

DCS persons shall receive medication self-administration training annually.

Administrator will be responsible for scheduling this.

⇒ Direct Care - Staff will be trained on - Medication self administration for training years 2016, 2017 and ongoing. The administrator shall be responsible for ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

12/11/17

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 10-12-2017

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

The above plan of correction is approved as of

12/11/17  
 (Date)

Plan of correction implementation status as of

12/19/17  
 (Date)

The above plan of correction was approved by

*AS*  
 (Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy

PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION

The home's training plan for 2017 does not include the required element of medication self-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.

Medication self-administration training was added to the staff training plan for 2017.

DCS persons shall receive medication self-administration training annually.

Administrator will be responsible for scheduling this.

→ Direct Care -  
 Staff will be trained on - Medication Self administration for training years 2016, 2017 and ongoing. The administrator shall be responsible for ongoing compliance.  
 M 12/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 10-12-2017

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

The above plan of correction is approved as of 12/11/17  
 (Date)

Plan of correction implementation status as of 12/19/17  
 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 A dryer sheet was located behind the Maytag dryer located in the home's laundry room, posing a possible fire hazard.

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.*

Dryer sheet was removed at time of inspection.  
 Staff was inserviced as to the importance of keeping floor and laundry area clear of possible fire hazards.  
 Administrator and cleaning staff will monitor this and clean up when necessary.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrea L Stone, administrator	08-15-2017

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

The above plan of correction is approved as of 12/11/17  
 (Date)

Plan of correction implementation status as of 2/22/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Interviews with residents indicated the staff will let the residents know there will be a drill conducted on that day but will not tell them exactly what time, the home tells the residents during meal times when everyone is present.

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 understands the importance of unannounced fire drills. Entire staff was reminded to keep fire drill information quiet and not to inform residents.

When calling alarm monitoring company to warn them of impending drill, staff will be sure to close office door so that information can not be overheard.

Administrator will monitor.

The home will hold an unannounced fire drill in accordance with 2600.132 a-j. Unannounced fire drill monitoring shall be the responsibility of the administrator.

Repeat Violation: No      Date(s) of Previous Violation(s):      12/22/18

Signature of Legal Entity Representative (Required on EVERY Page) Andrea L Stone

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L Stone administrator      Date 08-17-2017

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

The above plan of correction is approved as of 12/11/17 (Date)

Plan of correction implementation status as of 2/22/18 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill record for the drill conducted on 7-1-17 at 7:30 does not include am or pm. The fire drill record for the drill conducted on 8-2-17 at 5:00 does not include am or pm.

**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.

Documentation of fire drills will include "am" or "pm" to indicate time of day. Liberty Square uses a "color-based" time indicator for many things and this is what happened on our fire drill record.

→ Administrator will monitor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea Stone, administrator</i>	Date <i>08-15-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/4/17</u> (Date)	Plan of correction implementation status as of <u>12/19/17</u> (Date)
The above plan of correction was approved by <u><i>MS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The fire drill conducted in May, June, July and August of 2017 were all on the 1st or the 2nd of the month.

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

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

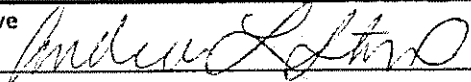
Fire drills will be conducted on random days during each month. We will avoid the 1st and 2nd of future months to prevent routinely held drills.

Administrator will monitor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Andrea L. Stone, administrator

Date 08-15-2017

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


The above plan of correction is approved as of

12/11/17  
 (Date)

Plan of correction implementation status as of

12/19/17  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most recent DME was completed on 8/2/16, the previous was completed on 7/16/15.  
 Resident #2's most recent DME was completed on 7/28/16.

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

Resident #1's most recent DME was completed on 10-06-2016.  
 Resident #1's previous DME was completed on 10-22-2015.  
 Resident #1's PCP used information for the DME from 08-02-2016 and then the year before she used information from 07-16-2015. Please see attached copies.

Resident #2's DME appointment was scheduled for 08-15-2017. Administrator returned to building when state came for survey. Thus, Resident #2 missed his appointment on the day of our state inspection. Appointment was rescheduled for earliest available which is 11-14-2017.

Both residents receive all of their health care from the Lebanon VA Hospital.  
 → Administrator will schedule appointments for annual DME's.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/07/2016	The administrator shall be responsible for ongoing compliance
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L Stone administrator		Date: 11-14-2017

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>2.22.18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 Approximately 20 plus extinguished cigarette butts were located in the flower beds surrounding the back porch of the home. Cigarette ashes were also noted on the back porch.  
 Nursing notes indicated that Resident #3 was observed smoking on the fire escape on 5/5/17.

**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.*

Resident #6 and all other residents were reminded that they are not allowed to smoke within 50 ft of the back porch.

Resident #3 was moved to a first floor room due to infractions of the smoking rules.

Residents asked to use the designated smoking areas.

DCS asked to monitor this on an ongoing basis.

DCS will correct residents immediately.

The administrator shall be responsible for ongoing compliance. m 12/11/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea Stone, administrator</i>	Date <i>08-15-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>2-22-18</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

An empty cigarette pack and a foil wrapper was located in the tin used for extinguished cigarette butts in the homes designated smoking area.

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

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

Residents who smoke were reminded to use appropriate trash receptacles when disposing of cigarette packs and other paper trash.

DCS will monitor this on an ongoing basis.

DCS will correct residents immediately.

Daily safety check will be done by administrator or DCS.

The administrator shall be responsible for ongoing compliance

*m*  
12/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 08-16-2017

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

The above plan of correction is approved as of

12/11/17  
(Date)

Plan of correction implementation status as of

12/19/17  
(Date)

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

The above plan of correction was approved by

*m*  
(Initials)

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus posted on the homes bulletin board were for the month of June.

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.

Menu was edited to update month. Menus for current month will be posted on the 1st each month.

\* Note: Updated menu was posted during time of survey.

Administrator will post menu each month.

→ Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
02/22/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature: Andrea Stone]*

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

Andrea L Stone, administrator

Date 08-15-2017

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

The above plan of correction is approved as of

12/11/17  
(Date)

Plan of correction implementation status as of

2/22/18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy

PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 self-administers glargine, ammonium lactate lotion, ketoconazole cream, terbinafine cream and also complete blood glucose readings. The DME dated 8/2/16 notes the resident is unable 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.*

A request has been made to resident #1's PCP for a note which states that resident #1 is capable of completing blood glucose readings, self-administering insulin and lotions. We will fax this letter in to the dept. as soon as we receive it.

A copy of this letter will be kept with his current DME.

DME was completed before resident #1 took diabetes education classes at the [redacted] Medical Center.

The administrator shall monitor and be responsible for ongoing compliance. m, 12/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea Stone*

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

Andrea Stone, administrator

Date 11-01-2017

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

The above plan of correction is approved as of

12/11/17  
(Date)

Plan of correction implementation status as of

12.19.17  
(Date)

The above plan of correction was approved by

m  
(Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION  
Resident #1 self-administers 80 units of insulin daily. The homes most recent list of medications for the resident notes 70 units of insulin daily.

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 attends a diabetic clinic at the [redacted] hospital. This clinic reviews his blood glucose levels, orders and adjusts his insulin doses. They also counsel him on his diet.

Resident #1's SMI nurse/case manager gives our facility an active medication sheet every month. (usually during 1st few days of month)

Resident #1 will request a new active medication sheet whenever there is an adjustment made in his insulin dose. This will ensure that the facility will be aware of any dose changes as they are made.

• The administrator shall monitor and assure ongoing compliance. M 12/11/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *08-16-2017*

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

The above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 12/19/17 (Date)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy

PCH Name: LIBERTY SQUARE PERSONAL CARE

**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**

Resident #1's budesonide inhaler and clonazepam does not include a diagnosis or purpose on the MAR.

Resident #1's docusate sodium was not initiated as administered on 8/1 & 8/6/17.

The Medication Administration Record did not indicate a diagnosis for the following medications: Resident #1 - Glargine, Ammonium lactate 5%, Budesonide, Clonazepam, Ketoconazole 2% cream, Terbinafine Hcl; Resident #2 - Calcium Carbide, Alendronate; Resident #4 - Amelodipene; Resident #5 Tiotropium, Badesonide, Psyllium sf, and Ibuprofen.



**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.*


Diagnosis or purpose for a medication has been added to all of the above MAR's.  
 Administrator will go over MAR's each month to make sure that each medication has a diagnosis indicated.

\*NOTE: Resident #1's docusate sodium is a PRN medication. We do not initial it if we do not administer it.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/07/2016	Compliance
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 		 12/11/17
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Andrea L Stone, administrator		Date 08-16-2017

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>2-22-18</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed Gabapentin 600mg and Tramadol 50mg on 8/11/17 at 12am.

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.

Based on note, received from PCP on 02-04-2015, staff did not consider this a medication error. We were under the impression that he was supposed to get his pain medication when he woke up. Until we receive clarification from PCP, we will wake resident up at midnight. If he refuses to take pain medication, we will treat it as a medication error. (Which will result in notifying the dept, the PCP and SMI caseworker.)

DCS people will monitor this on a daily basis.

\* Note from PCP in packet.

The administrator shall monitor and be responsible for ongoing compliance. W 12/11/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/07/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *08-16-2017*

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

The above plan of correction is approved as of 12/11/17 (Date)      Plan of correction implementation status as of 12/19/17 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive the prescribed Gabapentin 600mg and Tramadol 50mg on 8/11/17 at 12am. The home did not notify the prescriber regarding the medication error.

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

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

Based on note, received from PCP on 02-04-2015, staff did not consider this to be a medication error. We were under the impression that resident #1 was supposed to get his pain medication when he woke up.

Until we receive clarification from PCP, we will wake resident up at midnight. If he refuses to take pain medication, we will treat it as a medication error. We will notify the dept., the PCP and SMI case manager.

DCS people will monitor this on a daily basis.

\* note from PCP in packet.  
 The administrator shall monitor and be responsible for ongoing compliance. per 12/11/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, administrator</i>	Date <i>08-16-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/11/17  
 (Date)

Plan of correction implementation status as of 12/19/17  
 (Date)

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

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy

PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Resident #1's most recent assessment portion of the RASP was completed on 10/25/15.

Resident #6's most recent assessment portion of the RASP was completed on 7/5/16.

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

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

Assessment portion of the RASP's for resident #1 and resident #6 were completed on 08-17-2017.

RASP's for each resident will be completed on an annual basis. Administrator will be responsible for this.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 08-17-2017

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

The above plan of correction is approved as of

12/11/17  
(Date)

Plan of correction implementation status as of

2-22-18  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

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 #1's RASP dated 10/25/17 does not address 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.*

A request has been made to resident #1's PCP for a note which states that resident #1 is capable of completing blood glucose readings, self-administering insulin and lotions. We will fax this letter in to the dept. as soon as we receive it.

A copy of this letter will be kept with his current DME.

When this letter is received, resident #1's RASP will be updated.

The administrator shall monitor and be responsible for ongoing compliance in 12/11/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone, administrator</i>	Date <i>11-15-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>2.22.18</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/15/2017 - Yellenic, Cindy  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

Resident #1's most recent picture was taken on 3/4/15.

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

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

Resident #1's picture was updated in file.

→ Administrator will monitor resident file pictures to be sure that all photos are no more than 2 years old.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrea L Stone*

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

*Andrea L Stone, administrator*

Date *08-20-2017*

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

The above plan of correction is approved as of

*12/11/17*  
 (Date)

Plan of correction implementation status as of

*12/19/17*  
 (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: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
2 dryer sheets were located behind the dryer in the homes laundry room, posing a possible fire hazard.

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.

Liberty Square will no longer be using dryer sheets.  
DCS is currently testing woolen dryer balls as a possible alternative to dryer sheets.

The administrator shall monitor and be responsible for ongoing compliance.  
*M*  
1/30/18

Repeat Violation: No      Date(s) of Previous Violation(s): 09/07/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *01-30-2018*

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

The above plan of correction is approved as of 1/30/18  
(Date)

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

Plan of correction implementation status as of 2/22/18  
(Date)

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

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent DME was completed on 8/7/17, the previous was completed on 6/2/16.

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

Liberty Square residents receive 100% of their medical care from the [redacted] Medical Center. Due to variables within this system such as a limited amount of "allowable" visits (which are based on the general health needs of each individual) along with the extremely large number of patients assigned to each PC team, an annual DME is often very difficult to have completed in a timely manner. DCS will continue to work through our available channels to achieve a physical for each resident within the same 2-week window each year.

The administrator shall monitor and be responsible for ongoing compliance. *[Signature]*  
1/30/18

Repeat Violation: No      Date(s) of Previous Violation(s): 09/07/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrew L Stone, administrator*      Date *01-30-2018*

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

The above plan of correction is approved as of <u>1/30/18</u> (Date)	Plan of correction implementation status as of <u>2.22.18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Approximately 8 extinguished cigarette butts were located in the flower bed off of the front porch of the home. Cigarette ashes were noted on the front porch. Upon arriving at the home licensing representatives observed a resident smoking on the front porch.

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.

DES and cleaning lady asked to enter and exit building through door where residents are smoking / disposing of cigarettes. Staff will do a better job of "policing" this area and also help with picking up cigarette butts. Staff will continue to remind residents of smoking rules when a violation occurs. Every effort is being made to encourage residents to participate in smoking cessation programs which are provided at the [redacted] MC. (free of charge)

The administrator shall monitor and be responsible for ongoing compliance. Ms 1/30/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea Stone*

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

Andrea L Stone, administrator

Date 01-30-2018

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

The above plan of correction is approved as of

1/30/18  
(Date)

Plan of correction implementation status as of

2-22-18  
(Date)

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

The above plan of correction was approved by

M  
(Initials)

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus posted in the dining room were dated November 2017.

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

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

Liberty Square menus are the same each month. The "month" is edited every 4 weeks. Administrator will print menu off each month and post it by the 1st of each month.

→ Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home

The administrator shall monitor and be responsible for ongoing compliance

*M*  
12/4/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 01-30-2018

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

The above plan of correction is approved as of

1/30/18  
(Date)

Plan of correction implementation status as of

2-22-18  
(Date)

The above plan of correction was approved by

*M*  
(Initials)

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

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

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

The medication cabinets in the medication room have the following discontinued medications for Resident #4, still available in the cupboards: Lisinopril 10mg. (discontinued on 11-1-17) and Nifedipine 30mg. (discontinued on 11-3-17)

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.

Discontinued medications for Resident #4 were disposed of on 12-20-2017. DCS will dispose of medications when they are discontinued. DCS requested to check extra storage cabinets when gathering discontinued medications for removal.

The administrator shall monitor and be responsible for ongoing compliance. *M*  
1/30/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea L Stone*

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

Andrea L Stone, administrator

Date 01-30-2018

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

The above plan of correction is approved as of

1/30/18  
(Date)

Plan of correction implementation status as of 2.22.18  
(Date)

The above plan of correction was approved by

*M*  
(Initials)

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

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

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

The home's medication policy states controlled substances will be counted at the end of every shift by two staff members. On 12/19/17, the Medication Administration Record was not signed off by Staff Person A. Staff Person A stated the count was not completed that morning.

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.

DCS reminded to complete medication counts during the change of shifts. This is monitored on a daily basis by all DCS on duty.

The administrator shall monitor and be responsible for ongoing compliance in  
1/30/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea Stone*

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

Andrea Stone, administrator

Date 01-30-2018

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

The above plan of correction is approved as of

1/30/18  
(Date)

Plan of correction implementation status as of 2.22.18  
(Date)

The above plan of correction was approved by

*M*  
(Initials)

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

Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

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 #3 was not initiated on 12/17/17 after the resident's Lidocaine patch was applied. Resident #4 has a physician's order for Diltiazem 120mg., however the home creates their own Medication Administration record and typed in Diltiazem 125mg. The resident's prescription when checked was for Diltiazem 120mg.

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.

DCS was reminded to initial medications/patches as soon as they are distributed/administered.

The milligram amount was corrected on the MAR. DCS person who creates the Liberty Square MAR's was informed of the mistake and will correct it in the computer.

The administrator shall monitor and be responsible for ongoing compliance. M 1/30/18

Repeat Violation: No

Date(s) of Previous Violation(s)

09/07/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea Stone*

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

Andrea L Stone, administrator

Date 01-30-2018

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1/30/18  
(Date)

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2-22-18  
(Date)

The above plan of correction was approved by

*M*  
(Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 20572 - 12/19/2017 - Yellenic, Cindy  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent assessment portion of the RASP was completed on 8/8/17, the previous was completed on 6/17/17.  
Resident #2's most recent assessment portion of the RASP was completed on 7/25/16.

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

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

Administrator has updated the DME/RASP schedule for everyone in facility. This will ensure that the RASP's will not be overlooked.

The administrator shall monitor and be responsible for ongoing compliance  
*[Signature]*  
1/30/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *01-30-2018*

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

The above plan of correction is approved as of 1/30/18 (Date)

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

Plan of correction implementation status as of 2-22-18 (Date)

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