



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Ms. Kelly Cook-Andress,
President
Senior Living NP, LLC
501 Plush Mill Road
Wallingford, Pennsylvania 19086

RE: Plush Mills
Second and Fourth Floors
License #: 131040

Dear Ms. Cook-Andress:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on September 11, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600.
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 9/11/17, the home's violation report was not posted in a conspicuous and public place in the home.

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

What specific changes will be made: The home's violation report will be posted in a conspicuous and public place in the home
 Who Will Make the Change: Executive Director
 When Will the change be made: Immediately
 System Implemented & Supporting Documentation: A binder with the home's violations and plan of correction has been placed in a conspicuous and public place in the home. (see attached photo)

1. Why is the regulation important?
 To show that Plush Mills is a licensed Personal Care Home and is in compliance with DHS regulations. During our yearly survey the deficiencies that the community received were addressed and the summary is easily accessible.
2. How was the regulation violated?
 A binder with a copy of the current and inspection was not made available in a conspicuous and public place.
3. What caused the violation?
 The binder was not easily accessible.
4. What can be done immediately to fix the violation?
 The binder was immediately updated and made accessible in a conspicuous and public place.
5. What can be done to prevent this in the future?
 The Executive Director will check weekly to make sure the binder is in the proper place.
6. How often will on going monitoring occur verifying compliance?
 The Executive Director will check weekly to make sure the binder is in the proper place.
7. What type of training and when will the training be completed?
 The Executive Director

Repeat Violation: No	Date(s) of Previous Violation(s):	
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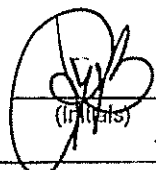
Signature of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRISTINA O'Reilly* Date *10/23/17*

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

The above plan of correction is approved as of *10/19/17*
 (Date)

Plan of correction implementation status as of *10/24/17*
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash shoot dumpster was broken. The right side weld on the dumpster was torn off or the compacter hooks that hold the dumpster in place. The lid was open and trash was strewn on the ground in front of and on the side of the dumpster.

Additionally, the three dumpster size recycle containers were uncovered, one had debris overflowing from the container.

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.

What specific changes will be made: The right side weld on the dumpster was repaired on Tuesday, 9/12/2017

Who Will Make the Change: Building Engineer

When Will the change be made: Immediately

System Implemented & Supporting Documentation: See attached invoice from the repair and the in-service.

1. Why is the regulation important?

To prevent the penetration of insects and rodents and promote sanitary conditions

2. How was the regulation violated?

The trash shoot dumpster was broken. The lid was open and trash was strewn on the ground.

3. What caused the violation?

The right side weld on the dumpster was torn off or the compacter hooks that hold the dumpster in place. The recycle containers were uncovered.

4. What can be done immediately to fix the violation?

The trash was immediately picked up. The lids were immediately closed. The company to fix the weld on the dumpster was immediately contacted. The weld was repaired the next day.

5. What can be done to prevent this in the future?

In-service was completed to maintenance staff.

6. How often will on going monitoring occur verifying compliance?

Maintenance will make rounds on a daily basis.

7. What type of training and when will the training be completed?

In-service was completed on Friday, 9/29/2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina O'Reilly

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

CHRISTINA O'Reilly

Date 10-23-17

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The above plan of correction is approved as of

10/18/17
 (Date)

Plan of correction implementation status as of

10/24/17
 (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: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

On 9/11/17, the kitchen was unclean & unsanitary at the time of inspection. The counter tops were not clean, specifically the prepping table by the kitchen door. The kitchen floor had dirt, grime & scuff marks.

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.

What specific changes will be made: Staff was in-serviced on the importance of following sanitary practices
 Who Will Make the Change: Dining Director
 When Will the change be made: Immediately
 System Implemented & Supporting Documentation: Pepp Unlimited, owner, [redacted] came out to Plush Mills and gave an in-service on Food Safety and Sanitation. (see attachment A). A Plush Mills Kitchen Cleaning List is also attached. (see attachment B))

1. Why is the regulation important?
All kitchen surfaces must be clean and sanitized to maintain sanitary conditions.
2. How was the regulation violated?
Kitchen was unclean and unsanitary.
3. What caused the violation?
The kitchen surfaces were not clean.
4. What can be done immediately to fix the violation?
All kitchen surfaces were cleaned and sanitized.
5. What can be done to prevent this in the future?
A Plush Mills kitchen cleaning list will be completed after each meal.
6. How often will on going monitoring occur verifying compliance?
A Plush Mills kitchen cleaning list will be completed after each meal.
7. What type of training and when will the training be completed?
Pepp Unlimited, owner, [redacted] came out to Plush Mills and gave an in-service on Food Safety and Sanitation on Monday, 10/2/2017.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRISTINA O'REILLY* Date *10-23-17*

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The above plan of correction is approved as of *10/18/17*
 (Date)

Plan of correction implementation status as of *10/24/17*
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 65 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION

A nine tray ller of salad was uncovered in the refrigerator. A four tray ller of spaghetti was uncovered next to the large kitchen sink which was in use. Raw food was placed on a transport cart.

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

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

What specific changes will be made: All food shall be protected from contamination while being stored, prepared, transported and served.

Who Will Make the Change: Dining Director

When Will the change be made: Immediately

System Implemented & Supporting Documentation: in-service was completed (attached)

1. Why is the regulation important?
Food shall be protected from contamination while being stored, prepared, transported and served.
2. How was the regulation violated?
Food was uncovered and raw food was placed on a transport cart.
3. What caused the violation?
Plush Mills staff failed to cover food while being stored, prepared and transported.
4. What can be done immediately to fix the violation?
All food was protected from contamination.
5. What can be done to prevent this in the future?
Dining Director/Assistant Dining Director will monitor the storing, preparing, and transporting of food on a daily basis. Continual education of staff.
6. How often will on going monitoring occur verifying compliance?
Dining Director/Assistant Dining Director will monitor the storing, preparing, and transporting of food on a daily basis.
7. What type of training and when will the training be completed?
In-service was completed on Tuesday, 9/26/2017 about the importance of protecting food from contamination

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly* Date *10-23-17*

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The above plan of correction is approved as of *10/8/17*
 (Date)

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

Plan of correction implementation status as of *10/4/17*
 (Date)

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

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 9/11/17, at 2:45PM, kitchen staff person A had three large metal containers or pots of spaghetti sauce on the floor on an open drain. Staff person A was observed pouring sauce from a pot into the three large containers on the floor on the open drain.

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.

What specific changes will be made: Staff was in-serviced on the importance of following Sanitary Practices.
 Who Will Make the Change: Dining Director
 When Will the change be made: Immediately
 System Implemented & Supporting Documentation: In-service was completed by Pepp Unlimited, owner, [redacted] (see attachment A). Staff Person A was individually in-serviced on correct sanitary practices. (see attachment B)

1. Why is the regulation important? Food shall be stored off the floor to maintain sanitary conditions.
2. How was the regulation violated? Staff person A had pots of spaghetti sauce on the floor.
3. What caused the violation? Staff person A failed to follow sanitary protocol.
4. What can be done immediately to fix the violation? Pots were immediately removed from the floor.
5. What can be done to prevent this in the future?
 Staff person A was individually in-serviced on sanitary practices on Thursday, 9/21/2017.
 All staff were in-serviced by [redacted] owner, of Pepp Unlimited on food, safety and sanitation on Monday, 10/02/2017.
6. How often will on going monitoring occur verifying compliance? On a daily basis.
7. What type of training and when will the training be completed?
 All staff were in-serviced by [redacted] owner, of Pepp Unlimited on food, safety and sanitation on Monday, 10/02/2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRISTINA O'REILLY* Date *10-23-17*

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

The above plan of correction is approved as of *10/18/17* (Date)

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

Plan of correction implementation status as of *10/24/17* (Date)

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

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home failed to document and provide the written emergency procedures which were to be submitted annually to the local emergency management agency.

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.

What specific changes will be made: The Fire Marshall will review Plush Mills' Emergency Action Plan on a yearly basis.
Who Will Make the Change: Executive Director/Building Engineer
When Will the change be made: Immediately
System Implemented & Supporting Documentation: The Fire Marshall signed Plush Mills' Emergency Action Plan and will continue to do so annually. (see attached documentation)

1. Why is the regulation important?
 For safety purposes in an emergency situation all appropriate parties should follow up to date written emergency procedures
2. How was the regulation violated?
 Plush Mills failed to submit emergency procedures for annual review.
3. What caused the violation?
 Plush Mills failed to submit emergency procedures for annual review.
4. What can be done immediately to fix the violation?
 Plush Mills' emergency procedures were immediately submitted to the Fire Marshall for review.
5. What can be done to prevent this in the future?
 Plush Mills' emergency procedures will be reviewed by the Fire Marshall annually.
6. How often will on going monitoring occur verifying compliance?
 Plush Mills' emergency procedures will be reviewed by the Fire Marshall annually.
7. What type of training and when will the training be completed?
 The Building Engineer/Executive Director will review the emergency procedures annually with the Fire Marshall.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Christina O'Heilly Date 10-23-17

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The above plan of correction is approved as of 10/18/17
 (Date)

Plan of correction implementation status as of 10/24/17
 (Date)

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

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

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2800.162(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 home did not have a menu posted on the 4th floor.

Additionally, the home failed to post in advance a weekly menu stating the specific food being served at each meal. The home only had a breakfast & dinner meal posted for the day.

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

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

What specific changes will be made: Monthly dinner calendar with menu options will be posted, and the monthly breakfast and lunch options will also be posted.

Who Will Make the Change: Dining Director

When Will the change be made: Immediately

System Implemented & Supporting Documentation: The menus will be posted outside the dining rooms. (see attached menus)

1. **Why is the regulation important?**
Residents are aware and knowledgeable about their meal options for the upcoming week.
2. **How was the regulation violated?**
Plush Mills failed to post a menu a week in advance.
3. **What caused the violation?**

Plush Mills only had a breakfast and dinner meal posted for the day.

4. **What can be done immediately to fix the violation?**
Menus for the month of October (breakfast lunch, & dinner) were immediately posted outside the Dining rooms on the 2nd & 4th floors.
5. **What can be done to prevent this in the future?**
Monthly menus for breakfast, lunch & dinner will continue to be posted outside the dining rooms on the 2nd & 4th floors.
6. **How often will on going monitoring occur verifying compliance?**
Dining Director will monitor menus on a monthly basis to ensure compliance.
7. **What type of training and when will the training be completed?**
Dining Director/Assistant Dining Director will complete monthly menus for the 2nd & 4th floor.

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

Christina O'Reilly

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

CHRISTINA O'Reilly Date 10/23/17

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The above plan of correction is approved as of <u>10/18/17</u> (Date)	Plan of correction implementation status as of <u>10/24/17</u> (Date)
The above plan of correction was approved by <u><i>CRB</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: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

2a. DESCRIPTION OF VIOLATION

The home failed to post, document or provide past menus of the meals being served. The only menu available was the posted menu of the day.

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

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

What specific changes will be made: All menus will be posted on a monthly basis, and will be kept in binder in the Executive Director's office.

Who Will Make the Change: Dining Director

When Will the change be made: Immediately

System Implemented & Supporting Documentation: Attached are the menus for the month of October.

1. Why is the regulation important?
 Past menus of meals that were served, including changes, shall be kept for 1 month. Menus will be kept to gather feedback from residents for the satisfaction or dissatisfaction of the menus for the past month.
2. How was the regulation violated?
 Plush Mills failed to post, document or provide past menus of the meals that were served.
3. What caused the violation?
 Plush Mills only posted the menu of the day.
4. What can be done immediately to fix the violation?
 Past menus will be kept in a binder for 1 month for residents review.
5. What can be done to prevent this in the future?
 Past menus will be kept in a binder for 1 month for residents review.
6. How often will on going monitoring occur verifying compliance?
 Menus will be kept on a monthly basis
7. What type of training and when will the training be completed?
 All menus will be posted on a monthly basis, and will be kept in a binder in the Executive Director's office.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina O'Reilly* Date *10-23-17*

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The above plan of correction is approved as of *10/18/17*
 (Date)

Plan of correction implementation status as of *10/24/17*
 (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: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.163(b) - Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

2a. DESCRIPTION OF VIOLATION

On 9/11/17, staff person A, was observed pouring a large pot of spaghetti sauce into the pans of three bowls that were on the floor on an open drain.

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.

What specific changes will be made: Staff was in-serviced on proper sanitary practices
 Who Will Make the Change: Dining Director
 When Will the change be made: Immediately
 System Implemented & Supporting Documentation: See attached in-service on Sanitary Practices.
 Staff Person A was individually in-serviced on Sanitary Practices (see attachment A). Staff was also in-serviced on Sanitary Practices (see attachment B). Food Safety and Sanitation in-service given by Pepp Unlimited, [redacted] Owner. (see attachment C).

1. Why is the regulation important?
Sanitary conditions must be maintained for the safety of the residents.
2. How was the regulation violated?
Staff person A was observed pouring a large pot of spaghetti sauce into the pans of three bowls that were on the floor on an open drain.
3. What caused the violation?
Staff Person A failed to follow sanitary protocol.
4. What can be done immediately to fix the violation?
Pans of three bowls were immediately removed from the floor.
5. What can be done to prevent this in the future?
Staff Person A was individually in-serviced on sanitary practices on Thursday, 9/21/2017.
6. How often will on going monitoring occur verifying compliance?
On a daily basis.
7. What type of training and when will the training be completed?
Staff Person A was individually in-serviced on sanitary practices on Thursday, 9/21/2017.
Staff was also in-serviced on Sanitary Practices on Friday, 9/22/2017. Food Safety and Sanitation in-service was given by Pepp Unlimited, Owner [redacted] on Monday, October 2, 2017.

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

Christina O'Reilly

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

CHRISTINA O'REILLY Date 10-23-17

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 (Date)

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 (Initials)

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The label for resident #1's Ensure did not include the resident's name.

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.

What specific changes will be made: The case of Ensure for all residents will have the resident's pharmacy label on it. Each individual can will have the resident's name and apartment number on it. Ensure will be kept in the refrigerator (per resident's request) and will be noted on the MAR.

Who Will Make the Change: ADON

When Will the change be made: Immediately

System Implemented & Supporting Documentation: See attached in-services. In-service for staff on Nutritional Supplement (see attachment A). Notation that Ensure/Glucerna will be kept in refrigerator, physician's signature. (see attachment-B).

1. Why is the regulation important? To make sure that each individual can of Ensure will have the resident's name on it. All residents will receive the proper dietary supplement.
2. How was the regulation violated? The can of Ensure did not include a label with the resident's name.
3. What caused the violation? The can of Ensure did not include a label with the resident's name.
4. What can be done immediately to fix the violation? Each individual can of Ensure will have the resident's name and apartment number on it.
5. What can be done to prevent this in the future? All cans of Ensure will have a label with the resident's name on it.
6. How often will on going monitoring occur verifying compliance?
Nurses and med techs will monitor daily when administering any can of Ensure to a resident.
7. What type of training and when will the training be completed?
In-service was given to nurses and med techs. (September, 24-26).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina O'Reilly

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

CHRISTINA O'REILLY Date 10-23-17

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10/24/17
 (Date)

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- Not Implemented

Violation Report: 13104 - 09/11/2017 - Freeman, Sabrina
 PCH Name: PLUSH MILLS

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.

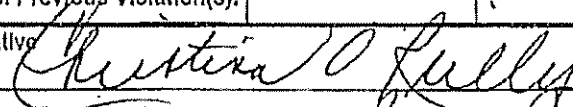
2a. DESCRIPTION OF VIOLATION
 On 9/11/17, at 4:10PM, resident #1 was administered a calcium pill and an Ensure drink. Staff person B initialed and dated the medication administration record before the medication was given.

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.

What specific changes will be made: Med techs were in-serviced on the medication administration review process
 Who Will Make the Change: ADON
 When Will the change be made: Immediately
 System Implemented & Supporting Documentation: ADON gave the in-service on 9/12/2017. (see attached)

1. Why is the regulation important?
 To ensure that all medications administered are properly documented.
2. How was the regulation violated?
 The med tech initialed and dated the medication administration record before the medication was given to the resident.
3. What caused the violation?
 The med tech initialed and dated the medication administration record before the medication was given to the resident.
4. What can be done immediately to fix the violation?
 Med techs were in-serviced on the medication administration review process.
5. What can be done to prevent this in the future? On-going education for the med techs.
6. How often will on going monitoring occur verifying compliance? Med techs are observed quarterly.
7. What type of training and when will the training be completed?
 ADON gave an in-service on Tuesday, 9/12/2017 on the medication administration review process.


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)
 CHRISTINA O'FEILLY Date 10-23-17

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

The above plan of correction is approved as of 10/18/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10/24/17
 (Date)

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