



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 31, 2018**

Ms. Shirley Friday  
Administrator  
Helen's Place for Personal Care  
474 Stambaugh Avenue  
Sharon, Pennsylvania 16146

RE: Helen's Place for Personal Care  
Certificate #: 446870

Dear Ms. Friday:

As a result of the Department's Bureau of Human Services Licensing inspection on October 12, 2017 and October 13, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



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JAN 23 2018

Page 2 of 21

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600.2600.25(d) SOPc - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include a statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in § 2600.25(a) is to be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for resident #1. The resident's rent rebate addendum, is not signed by the resident or the resident's designated person.

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.

change is immediate (update)  
Resident #1 was signed by resident (refer to #1)  
specific change made is that administration & designed staff will weekly review resident binder for signatures on all documents that need administrator's sign off book of duties completed  
review of duties assignment book will be reviewed monthly

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major-Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major-Friday - Admin* Date *1-22-2018*

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

The above plan of correction is approved as of 4-17-18 (Date)

Plan of correction implementation status as of 4-17-18 (Date)

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

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

JAN 23 2018

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Za. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 8/15/17. There is no documentation that direct care staff person A completed any of the required orientation training in any of the topics in accordance 2600.65(a) prior to or during the first work day.

B. 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.

*Change to immediate*

*specific change regarding regulation 2600.65(a) will (prior to employment) have orientation completed - refer to #2 administrator has an orientation binder that each candidate will complete "before" employment records shall be kept in orientation binder*

*See page 3A-121*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major Friday* Date *1-22-2018*

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The above plan of correction is approved as of <u>4-17-18</u> (Date)	Plan of correction implementation status as of <u>5/8/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44887 - 10/12/2017 - Georgoulis, Karen  
 PCH Name: HELEN'S PLACE FOR PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:  
 (1) Evacuation procedures.  
 (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.  
 (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.  
 (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.  
 (5) The location and use of fire extinguishers.  
 (6) Smoke detectors and fire alarms.  
 (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A started working in the home on 8/15/17. There is no documentation that direct care staff person A completed any of the required orientation training in any of the topics in accordance 2600.65(a) prior to or during the first work day.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
 Immediately: When direct care staff person A shall complete the required training in accordance with regulation 2600.65(a). Documentation of training, meeting the requirements of regulation 2600.65(i), shall be kept in the staff person's record. 4-13-18  
 Immediately: The administrator shall audit all current staff records to ensure all staff have received the required training in accordance with regulation 2600.65(a) and a record of training, in accordance with regulation 2600.65(i), is kept in each staff person's record. 4-17-18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major Friday-Adm</i>	Date <i>4 13 2018</i>
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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Person Services Licensing

1. REGULATION 55 Pa.Code §2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
- (1) Resident rights.
  - (2) Emergency medical plan.
  - (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
  - (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 8/15/17. There is no documentation that direct care staff person completed any of the required orientation training in any of the topics in accordance 2600.65(b) within the 40 scheduled working hours.

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

change to immediate

specific change regarding regulation 2600.65(b) will be addressed by administrator by prior to employment complete 40 hours orientation training refer to #3 documentation will be kept in orientation binder

See page 4A PCH

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/12/2016

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Major-Friday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Major-Friday - adm Date 1 20 2018

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The above plan of correction is approved as of 4-17-18 (Date) Plan of correction implementation status as of 5/8/18 (Date)

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- Partially Implemented - Adequate Progress AS
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
(1) Resident rights.  
(2) Emergency medical plan.  
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A started working in the home on 8/15/17. There is no documentation that direct care staff person completed any of the required orientation training in any of the topics in accordance 2600.65(b) within the 40 scheduled working hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Immediately: When direct care staff person A shall complete the required training in accordance with regulation 2600.65(b). Documentation of training, meeting the requirements of regulation 2600.65(i), shall be kept in the staff person's record. 4-13-18 ✓  
Immediately: The administrator shall audit all current staff records to ensure all staff have received the required training in accordance with regulation 2600.65(b) and a record of training, in accordance with regulation 2600.65(i), is kept in each staff person's record. 4-13-18 ✓

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/12/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday - Admin*      Date *04 13 2018*

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLAGE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION: 56 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 services needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not receive training in the following required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- \* Medication self-administration.
- \* Instruction on meeting needs as outlined in preadmission, assessment, medical evaluation and support plan.
- \* Care for residents with dementia and cognitive impairments.
- \* Infection control.
- \* Personal care services needs of the resident.
- \* Safe management techniques.
- \* Care for residents with mental illness or mental retardation, or both.

Direct care staff person C did not receive training in infection control during the 2016 training year (1/1/16 - 12/31/16).

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.

change 1 of 2 date to immediate  
 regulation 2600.65(f) will be met during  
 annual training refer to #4 - documentation  
 in annual training folder via administrator

See PA 50221

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Shirley Major Friday</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shirley Major Friday - RDM</i>	<i>1-22-2018</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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The above plan of correction was approved by: <u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
 PCH Name: HELEN S PLACE FOR 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**  
 Direct care staff person B did not receive training in the following required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- \* Medication self-administration.
- \* Instruction on meeting needs as outlined in preadmission, assessment, medical evaluation and support plan.
- \* Care for residents with dementia and cognitive impairments.
- \* Infection control.
- \* Personal care services needs of the resident.
- \* Safe management techniques.
- \* Care for residents with mental illness or mental retardation, or both.

Direct care staff person C did not receive training in infection control during the 2016 training year (1/1/16 - 12/31/16).

**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.

Immediately: The administrator or designated staff person shall review the 2017 training records for staff persons B and C. If the training cited in the violation were not provided to the staff persons in 2017, the training shall be immediately provided and documentation in accordance with regulation 2600.65(i) shall be kept in the staff person's records. *4-13-17*

Immediately: The administrator shall audit all direct care staff records to determine if all of the direct care staff persons have completed the required training in accordance with regulation 2600.65(f) during the 2017 staff training year. If any direct care staff persons have not complete training in any of the required topics, the training shall be completed immediately. Documentation of training in accordance with regulation 2600.65(i) shall be kept in each staff person's record. *4-13-17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shirley Major Friday - adm* Date *04 13 2018*

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The above plan of correction was approved by <u><i>/</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JAN 23 2018

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S. PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not receive training in the following required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- Fire safety by a fire safety expert.
- Emergency preparedness procedures.
- Resident rights.
- Older Adult Protective Services.
- Falls and accident prevention.

Direct care staff person C did not receive training in resident rights during the 2016 training year (1/1/16 - 12/31/16).

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.

*update is immediate*

*regulation 2600.65(g) will be met by annual training refer to attachment B document that will be maintained by adm & assistant*

*See PCH 6A0620*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Shirley Major Friday*

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

*Shirley Major Friday - adm*

Date: *1 22 2018*

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

The above plan of correction is approved as of 4-17-18  
(Date)

Plan of correction implementation status as of 5/8/18  
(Date)

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

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

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
(3) Resident rights.  
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
(5) Falls and accident prevention.  
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person B did not receive training in the following required training topics during the 2016 training year (1/1/16 - 12-31-16) as follows:  
Fire safety by a fire safety expert.  
Emergency preparedness procedures.  
Resident rights.  
Older Adult Protective Services.  
Falls and accident prevention.  
Direct care staff person C did not receive training in resident rights during the 2016 training year (1/1/16 - 12/31/16).

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.  
Immediately: The administrator or designated staff person shall review the 2017 training records for staff persons B and C. If the training cited in the violation were not provided to the staff persons in 2017, the training shall be immediately provided and documentation in accordance with regulation 2600.65(i) shall be kept in the staff person's records. 4-17-18  
Immediately: The administrator shall audit all staff records to determine if all of the staff persons have completed the required training in accordance with regulation 2600.65(g) during the 2017 staff training year. If any staff persons have not complete training in any of the required topics, the training shall be completed immediately. Documentation of training in accordance with regulation 2600.65(i) shall be kept in each staff person's record. 4-17-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen.

PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 10/12/17, at approximately 9:00 a.m., there was an uncovered trash can in the kitchen, which was 1/2 full. No meal was being prepared or served at that time.

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

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

*update is immediate*

*regulation 2600.85(d) will be addressed weekly; documentation will be maintained & reviewed at monthly staff meeting by administrator (refer to attachment)*

*The trash can was covered at the time of inspection to correct the violation.*

*4-17-18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major, Sr. J-Admin* Date *1-22-2018*

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Plan of correction implementation status as of 4-17-18 (Date)

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 10/12/17, the legs of the black chair, on the right side of the table in the television room on the second floor, were extremely wobbly, loose, and unstable.  
On 10/12/17, the light switch for florescent lights in the ceiling of resident #2's bedroom were not functioning properly and only work sporadically.

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.

update to immediate  
Designated staff will check & throw out all unsafe chairs & tables; weekly checks are documented. Documentation indicates chairs & tables are safe. refer to "A"

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept. 4-17-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major-Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major-Friday - Adm* Date *1-22-2018*

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

JAN 23 2018 Page 9 of 21

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S. PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services

1. REGULATION 55 Pa. Code §2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
On 10/12/17 at 10:10 a.m., the digital thermometer was inoperable in the home's only first aid kit located in the wooden cabinet on the first floor.

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

update immediate  
administrator/designated staff  
will check weekly first aid kit to  
ensure everything works & items are  
in stock to comply with regulation  
2600.96(a) - note digital thermometer  
was replaced

Immediately: The administrator or designated staff person shall place all of the required items in accordance with regulation 2600.96(a) in the home's first aid kit. 4-13-18

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Major-Friday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Major-Friday - Admin Date 1-22-2018

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

The above plan of correction is approved as of 4-17-18 (Date)

Plan of correction implementation status as of 5/8/18 (Date)

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

The above plan of correction was approved by (Initials)

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

JAN 23 2018

1. REGULATION 55 Pa. Code §2600:  
2600.102(k) - Use of a common towel is prohibited.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/12/17 at 10:00 a.m., there was an unlabeled and used white hand towel hanging on the towel rack next to the sink in the common bathroom on the second floor.

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

immediate  
administrator has gone over this regulation with staff & residents over many years. Designated staff will replenish paper towel by keeping one roll under sink as well as on wall - 02/2018 - a heated hand dryer will be install via electrician & is presently on order.

Immediately: A designated staff person shall check the home weekly to ensure any towels in common or shared bathrooms are properly labeled with the specific resident's name and no common towels are present.

4-17-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major, Administrator* Date *1-23-2018*

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

The above plan of correction is approved as of 4-17-18 (Date)

Plan of correction implementation status as of 4-17-18 (Date)

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

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

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JAN 23 2018

Page 11 of 21

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen

PCH Name: HELEN'S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600.

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

2a. DESCRIPTION OF VIOLATION

On 10/12/17 at 9:10 a.m., the following food items were unlabeled and undated in the refrigerator section of the kitchen refrigerator/freezer on the second floor, to include:  
A clear glass bowl 1/2 full with fruit cocktail covered in saran wrap.  
A Ziploc baggie with 1/4 of an onion.  
A bowl of baked beans covered in saran wrap.  
An unsealed/open package of bacon.  
A Ziploc baggie containing three hot dogs.

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

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

*immediately updated*

*"all" persons handling, preparing or storing food items "are" educated on food safety documentation is kept in each staff annual training book refer to attached example*

Immediately: The administrator or designated staff person shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. *4-13-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Shirley Major-Friday*

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

*Shirley Major-Friday - Adm*

Date *1-22-2018*

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

The above plan of correction is approved as of 4-17-18  
(Date)

Plan of correction implementation status as of 5/8/18  
(Date)

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

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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JAN 23 2018

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

WEST REGIONAL PUBLIC OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600.

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 10/12/17 at 9:30 a.m., the temperature of the freezer section of the resident refrigerator/freezer measured 8 degrees Fahrenheit.  
On 10/12/17 at 10:20 a.m., the temperature of the upright freezer in the second floor laundry room measured 10 degrees Fahrenheit.

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

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

Immediately

administrator designated staff reviewed food safety techniques; new thermometers were purchased & placed in refrigerators  
weekly check sheets are posted & temperatures are checked. Each day training on food safety is annual documentation on file

Immediately: Any refrigerator temperatures above 40 degrees Fahrenheit or freezer temperatures above 0 degrees Fahrenheit shall be immediately reported to the administrator. 4-17-18 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*[Handwritten Name and Title]*

Date

1-22-2018

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

The above plan of correction is approved as of

4-17-18  
(Date)

Plan of correction implementation status as of

5/8/18  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

RECORDED

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

JAN 23 2018

WEST REGION FIELD OFFICE  
Human Services Training

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 10/12/17 at 9:10 a.m., there was an unsealed open package of bacon in the right crisper drawer of the kitchen refrigerator on the second floor.

On 10/12/17 at 9:10 a.m., there was an unsealed Ziploc baggie with nine round waffles and a 24oz bag of Premium chicken strips almost full in the freezer section of the kitchen refrigerator on the second floor.

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

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

*immediately*

*Designated staff will throw out old food dairy & also check for dent cans*

*Administration will collect log weekly*

*unsealed packages were sealed at the time of inspection. 4-11-18*

*See page 13A of 21*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major - Adm* Date: *1-22-2018*

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

The above plan of correction is approved as of 4-11-18  
(Date)

Plan of correction implementation status as of 5/8/18  
(Date)

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

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

Violation Report: 44887 - 10/12/2017 - Georgoulis, Karen  
 PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 On 10/12/17 at 9:10 a.m., there was an unsealed open package of bacon in the right crisper drawer of the kitchen refrigerator on the second floor.  
 On 10/12/17 at 9:10 a.m., there was an unsealed Ziploc baggie with nine round waffles and a 24oz bag of Premium chicken strips almost full in the freezer section of the kitchen refrigerator on the second floor.

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

Immediately: All staff persons involved in food preparation, serving and storage shall be educated on the requirement to store food in closed or sealed containers. Documentation of education shall be kept. 4-13-18

Immediately: The administrator shall check all food storage areas at least weekly to ensure all food is stored in closed or sealed containers. 4-11-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley Major-Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major-Friday, RN</i>	Date <i>04 13 2018</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>4-7-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44587 - 10/12/2017 - Georgoulis, Karen

JAN 23 2018

PCH Name: HELEN'S PLACE FOR PERSONAL CARE

WEST PLYMOUTH OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 10/12/17 at 9:10 a.m., the freezer section of the second floor kitchen refrigerator/freezer on the second floor contained outdated and unlabeled food items to include:  
A Ziploc baggie with 5 biscuits.  
A Ziploc baggie with 3 sausage patties.  
A Ziploc baggie with a piece of kielbasa.  
A Ziploc baggie with 9 round waffles.  
Approximately ten individual loose ice cream sandwiches with no dates, that appeared to have been thawed and refrozen, the wrappers are damaged and stuck to the ice cream sandwiches.

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

Immediately  
Designated staff will throw out  
all food daily, document log &  
give to administration weekly

See Page 14 of 21

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1-22-2018

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

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Plan of correction implementation status as of 5/8/18 (Date)

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

The above plan of correction was approved by (Initials)

Violation Report: 44887 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
On 10/12/17 at 9:10 a.m., the freezer section of the second floor kitchen refrigerator/freezer on the second floor contained undated and unlabeled food items to include:  
A Ziploc baggie with 6 biscuits.  
A Ziploc baggie with 3 sausage patties.  
A Ziploc baggie with a piece of kielbasa.  
A Ziploc baggie with 9 round waffles  
Approximately, ten individual loose ice cream sandwiches with no dates, that appeared to have been thawed and refrozen, the wrappers are damaged and stuck to the ice cream sandwiches.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept. 4-13-18  
Immediately: The administrator shall check all food storage areas at least to ensure all food items are labeled and dated. Any outdated or spoiled food shall be disposed. 4-11-18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday - RN* Date *04 13 2018*

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

The above plan of correction is approved as of <u>4-17-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 23 2018

Page 15 of 21

Violation Report: 44887 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
On 10/12/17 at approximately 10:16 a.m., there was approximately 1/2" layer of lint covering the entire lint trap of the clothes dryer in the basement.

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

Immediately  
"all" staff will clean lint trap after each use; documentation will be handed in to administrator weekly for review; fire in dryers education is annual via fire safety expert

Immediately: The administrator will check the lint traps and drums of all clothes dryers at least weekly to ensure there is no accumulation of lint. 4/17/18

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) [Signature] - Adm Date 1-22-2018

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

The above plan of correction is approved as of 4-17-18 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 4-17-18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

JAN 23 2018

1. REGULATION 55 Pa. Code §2600

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

WEST PENNSYLVANIA UNIVERSITY OF HEALTH SCIENCES  
Human Services Department

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation, signed by the physician on 8/14/17, does not include the date the resident's in-person evaluation was completed or the resident's temperature. These sections are blank.

Resident #4's medical evaluation, signed by the physician on 9/11/17, does not include the date the resident's in-person evaluation was completed. This section was blank.

Resident #5's medical evaluation, completed on 2/21/17, does not include the resident's pulse, temperature or a medication regimen. These sections are blank.

Resident #6's medical evaluation, completed on 1/20/17, does not include a mobility assessment. The section was blank.

Resident #7's medical evaluation, completed on 11/16/16, does not include a medication regimen. This section was blank and there were no attachments.

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.

Immediate

all staff involved with medical evaluation shall be educated on the required contents of the medical evaluation form annually

See Page 16 of 21

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/12/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Shirley Major-Friday*

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

Shirley Major-Friday - Adm

Date:

1/22/2018

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

The above plan of correction is approved as of

4-17-18  
(Date)

Plan of correction implementation status as of

5/8/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress: *BB*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44687 - 10/12/2017 - Gabrgouls, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION  
Resident #3's medical evaluation, signed by the physician on 8/14/17, does not include the date the resident's in-person evaluation was completed or the resident's temperature. These sections are blank.  
Resident #4's medical evaluation, signed by the physician on 9/11/17, does not include the date the resident's in-person evaluation was completed. This section was blank  
Resident #5's medical evaluation, completed on 2/21/17, does not include the resident's pulse, temperature or a medication regimen. These sections are blank.  
Resident #5's medical evaluation, completed on 1/20/17, does not include a mobility assessment. The section was blank.  
Resident #7's medical evaluation, completed on 11/16/16, does not include a medication regimen. This section was blank and there were no attachments.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Immediately: Resident #6's medical evaluation shall be sent back to the person completing the in-person medical evaluation for completion or the resident shall have an in-person medical evaluation completed in its entirety by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form. Documentation shall be kept in the resident's record. 4-17-18  
Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure medical evaluations are completed in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 4-13-18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/12/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday - Adm*      Date *04 13 2018*

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

<p>The above plan of correction is approved as of <u>4-17-18</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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JAN 23 2018

Page 17 of 21

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not successfully complete the initial medication administration training. Direct care staff person B administered medications to resident #2 and resident #6 from 10/8/17 at 6:00 p.m. and 8:00 p.m. and 8:00 a.m. on 10/12/17. Resident #3 on 10/11/17 through 10/6/17 and from 10/9/17 through 10/11/17 at 8:00 p.m.

Direct care staff person A did not successfully complete the initial medication administration training. Direct care staff person A administered medications to resident #2, resident #6 and resident #3 on 10/8/17 at 8:00 a.m. and 8:00 p.m.

Direct care staff person C completed the initial medication administration training in 2005. However, there is no documentation that direct care staff person C completed the required annual practicum requirements to continue to be qualified to administer medications. Direct care staff person C administered medications to resident #2, resident #6 and resident #3 on 10/12/17 at 8:00 p.m. and 10/13/17 at 8:00 a.m.

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

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

Immediate

Information was on file but not in staff person A's binder; refer to attached - training is annual

See page 17 of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shirley Major*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shirley Major - Admin* Date *1-22-2018*

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

The above plan of correction is approved as of 4-17-18 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 4-17-18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44887 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person B did not successfully complete the initial medication administration training. Direct care staff person B administered medications to resident #2 and resident #6 from 10/6/17 at 8:00 p.m. and 8:00 p.m. and 8:00 a.m. on 10/12/17. Resident #3 on 10/1/17 through 10/6/17 and from 10/9/17 through 10/11/17 at 8:00 p.m.  
Direct care staff person A did not successfully complete the initial medication administration training. Direct care staff person A administered medications to resident #2, resident #6 and resident #3 on 10/8/17 at 8:00 a.m. and 8:00 p.m.  
Direct care staff person C completed the initial medication administration training in 2005. However, there is no documentation that direct care staff person C completed the required annual practicum requirements to continue to be qualified to administer medications. Direct care staff person C administered medications to resident #2, resident #6 and resident #3 on 10/12/17 at 8:00 p.m. and 10/13/17 at 8:00 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a), 2600.190(b), and the documentation is present in the staff person's record. 4-13-18  
Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications. Documentation of qualifications of any person administering medications in the home shall be kept in each staff person's record. 4-13-18

didn't a copy of trainings

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Major, Ltrng

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Major, Ltrng - Adm Date 04 13 2018

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

The above plan of correction is approved as of 4-13-18 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

JAN 23 2018

Page 18 of 21

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2800.

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's preadmission screening, completed on [redacted] 17, did not include the resident's ability to self-administer medication and a determination that the home can meet the needs of the resident. These sections were blank.

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

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

Immediate

"all" pre screeners must be completed in full by administrator or designed staff; resident's needs will be reviewed weekly

Immediately: The administrator or designated staff person shall assess the needs of resident #1 to ensure the home can meet the needs of the resident. Documentation shall be kept on the Department's preadmission screening form.

4-17-18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major-Friday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major-Friday adm* Date *1-22-2018*

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

The above plan of correction is approved as of 4-17-18  
(Date)

Plan of correction implementation status as of 4-17-18  
(Date)

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

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

RECEIVED

JAN 23 2018

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted to the home of [redacted] 17. However, the home has not completed an assessment was for resident #1.

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.

*Immediate*  
"all" residents will have screening completed in full prior to admission - with all information completed

An assessment was completed for resident #1. *4-13-18*

Immediately: The administrator or designated staff person shall review resident records to ensure a current assessment is completed, accurate and present in each resident's record. *4-13-18*

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) *[Signature]*      Date: *1-22-2018*

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

The above plan of correction is approved as of 4-17-18 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 4-17-18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress ✓  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

JAN 23 2018

1. REGULATION 55 Pa. Code §2600

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

WEST REGION FIELD OFFICE  
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- (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 #3's annual assessment, dated 8/20/17, does not include an assessment of the resident's medication needs, mental health needs, supervision needs, or the resident's ability to self-administer medications. All of these sections were blank.

Resident #7's annual assessment dated 11/5/16, indicates the resident can self-administer medications - needing assistance with remembering schedule. However, resident #7's medical evaluation, dated 11/16/16, indicates the resident needs assistance in offering medications at prescribed times.

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

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

*immediately*

The administrator/designated staff will review all resident records to ensure each resident has a current assessment completed with no blanks. Resident #1 is capable of self mediating & staff assistance but prefers a w/ot to take responsibility prefers staff to allocate - will update POC

*See pgs 20 & 21*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major - Adm* Date *1.22.2018*

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The above plan of correction is approved as of <u>4-17-18</u> (Date)	Plan of correction implementation status as of <u>4-17-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

<b>Violation Report: 44667 - 10/12/2017 - Georgoulis, Karen</b> <b>PCH Name: HELEN S PLACE FOR PERSONAL CARE</b>	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.226(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.	
<b>2a. DESCRIPTION OF VIOLATION:</b> Resident #3's annual assessment, dated 8/20/17, does not include an assessment of the resident's medication needs, mental health needs, supervision needs, or the resident's ability to self-administer medications. All of these sections were blank.  Resident #7's annual assessment dated 11/5/16, indicates the resident can self-administer medications - needing assistance with remembering schedule. However, resident #7's medical evaluation, dated 11/16/16, indicates the resident needs assistance in offering medications at prescribed times.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  Resident #3's and resident #7's assessments were updated. <i>4-17-18</i>  Immediately: The administrator will develop and implement a tracking system to ensure all assessments are accurate completed in accordance with regulation 2600.226(c). <i>4-13-18</i>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/12/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major Friday</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major VP - Adm</i>	Date <i>04 13 2018</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4-17-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>Y</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 23 2018

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Violation Report: 44687 - 10/12/2017 - Georgoulis, Karen  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7's support plan, dated 11/5/16, does not include the plan to meet the resident's needs, frequency or care or whom is providing the care for the resident's diagnosis of hypertension, chronic back pain, and bipolar disorder.

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.

*Shirley Major*

The administrator / designated staff person will review all residents' records to ensure current plan is completed with plan of action for issues & plan is entirely completed

Resident #7's support plan was updated. *4-17-18*

Immediately: The administrator will develop and implement a tracking system to ensure all support plans are accurate completed in accordance with regulation 2600.227(c). *4-17-18*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major, Administrator* Date *1-22-2018*

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The above plan of correction is approved as of 4-17-18  
(Date)

Plan of correction implementation status as of 4-17-18  
(Date)

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

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