



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 2018

Ms. Linda E. Brandon
Administrator
Linda E. Brandon
PO Box 455
11293 Route 422
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home
Certificate #: 426710

Dear Ms. Brandon:

As a result of the Department of Human Services' Licensing annual licensing inspection on October 20, 2017 and April 10, 2018, 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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		License Number: 42671
Address: P O BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		County: Armstrong
Administrator: Linda Brandon		Region: WEST
Legal Entity Name: LINDA E BRANDON		
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		
Certificate(s) of Occupancy C-3 SP 11/23/1988 LABOR AND INDUSTRY		RECEIVED MAR 14 2018 WEST PHILADELPHIA OFFICE
Staffing Hours	Total Daily Staff: 7	Waking Staff: 5
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2017: Gerrigan, Laurie; Georgoulis, Karon		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 6 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 5 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Care Facility Carbon Monoxide Alarms Standard Act, enacted 8/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, enacted 8/23/16. The home has a gas furnace and a gas stove.

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.

*carbon monoxide.
The care home will be installed in kitchen & furnace room. They will be installed on 4/13/18*

*Immediately: The home's carbon monoxide detectors shall be serviced and maintained in accordance with manufacturer's instructions. P
4/13/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
(Required on EVERY Page) *Linda Brandon*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/13/18
(Date)

Plan of correction implementation status as of 4/13/18
(Date)

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

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
 PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2800
 2800.26(a) - The home shall establish and implement a quality management plan.

MAR 14 2018

2a. DESCRIPTION OF VIOLATION

The home's quality management policy indicates, "the review will be held on the 15th day of February each year," however, the last review was conducted on 2/15/18.

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.

*Plan has been written. signed on Feb. 15, 2018
 Reviews will fall on this date.*

Immediately: A designated staff person shall develop and implement a system to ensure a quality Management Review is conducted at least annually and shall include a review of all topics specified in 2800.26b.

4/13/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Brendon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Brendon Administrator* Date *3/14/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/13/18
 (Date)

Plan of correction implementation status as of 4/13/18
 (Date)

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

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
 FCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The only window covering on the window in the bathroom of bedroom #14 was a valance, which did not afford privacy while in use.

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.

Window now has curtains that provide privacy

Immediately: A designated staff person shall inspect all windows in bathrooms to ensure window coverings which provide privacy are present.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
 (Required on EVERY Page) *Administrator*

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
 PCH Name: FAMILY PINES PERSONAL CARE HOME

MAR 14 2018

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The following items were found in the bathtub/shower stall in the small bathroom next to bedroom #4:
 * Unlabeled pink and purple scrunch plastic net wash cloth was behind the clear bar
 * Unlabeled, light pink washcloth was hanging over the faucet

The large bathroom shower stall had an unlabeled black and grey scrunch plastic net wash cloth.

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.

all scrunchies & wash cloths will be removed in small bathroom.

scrunchies have all been removed in bathroom shower.

Immediately: A designated staff person shall inspect the home on a daily basis, including all bathrooms, to ensure sanitary conditions are maintained.

*L
4/13/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
 Administrator*

Date *3/14/18*

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 (Date)

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

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
POH Name: FAMILY PINES PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
An approximate 1/8" layer of dust covered the large bathroom ceiling vent.

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.

ceiling vents are cleaned weekly

Immediately: A designated staff person shall inspect the home daily to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

[Signature]
4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon*
(Required on EVERY Page) *Administrator* Date *3/14/18*

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Violation Report: 42671 - 10/20/2017 - Garrigan, Laude
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Codo §2600

2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required emergency telephone numbers were posted on or near the telephone on the dining room corner cabinet, to include the telephone number for the nearest hospital and police department. The only telephone number posted was 9-1-1.

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.

telephone numbers are now posted in dining room.

Immediately, then monthly thereafter: A designated staff person shall check all telephones with outside lines to ensure all telephone numbers specified in 2600.91 are posted on or by each telephone.

L
4/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon
Administrator

Date

3/14/18

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(Date)

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4/13/18
(Date)

The above plan of correction was approved by

L
(Initials)

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

Violation Report: 42071 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
There is a 2" by 1 1/2 " tear on the lower left side of the screen in the window of bedroom #3.
There is no screen in the large bathroom window.

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.

Screen will be replaced on 4/3/18

Immediately, then monthly thereafter: A designated staff person shall inspect all windows which are operable to ensure screens are secure and in good repair.

4/13/18

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 3/14/18

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Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The following ramps do not have a nonskid surface:
* The ramp leading from the kitchen door to the front parking lot
* The ramp leading from the living room front door to the front parking lot

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.

ramps now have nonskid surfaces
steps now have nonskid surfaces

Immediately, then monthly hereafter: A designated staff person shall inspect all interior stairs, exterior steps and ramps to ensure a nonskid surface is present.

4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
(Required on EVERY Page) *Administrator*

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(Date)

Plan of correction implementation status as of 4/13/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
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
The first aid kit in the medication cart does not include eye coverings, scissors, adhesive tape or a thermometer.
The first aid kit in the red plastic container does not include eye coverings, scissors, adhesive tape, gauze pads, tweezers, breathing shield, or a thermometer.

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.
all first aid kits will be updated on 4/3/18
I called Diamond Medical supply 3/14/18 3:10 PM
Spoke to [redacted] suppose to get first aid kits
Monday or Tuesday
Immediately: A designated staff person shall inspect the home's first aid kit at least monthly to ensure all items specified in 2600.96a are present.
4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
(Required on EVERY Page) *Administrator*

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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 4/13/18 (Date)
 Fully Implemented *J*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42871 - 10/20/2017 - Garrigan, Laurie
 PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 3 residents reside in bedroom #2; however, there were only 2 chairs present.
 Resident #4 does not have a chair in his/her private bedroom.

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.

3 residents in bedroom #2. I have 2 chairs in the room.
 1 resident is in a wheel chair.
 I will put a 3rd chair in.

There is a chair in resident #4

Immediately, then monthly thereafter: A designated staff person shall inspect all resident bedrooms to ensure a chair is present for each resident, which meets the resident's needs.

4/13/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator* Date *3/14/18*

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

MAR 20 2018

1. REGULATION 58 Pa.Code §2800

WEST REGION FIELD OFFICE

Human Services Licensing

2800.102(i) - A dispenser with soap shall be provided with in reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There were 2 used, unlabeled bars of soap in the shower stall of the small bathroom by bedroom #4.

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.

no more bars of soap will be in small bathroom

Immediately, then monthly hereafter: A designated staff person shall inspect all common bathrooms to ensure no unlabeled bars of soap are present.

[Signature]
4/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date

3/14/18

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

The above plan of correction is approved as of

4/13/18
(Date)

Plan of correction implementation status as of

4/13/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800
2800.103(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
The following undated foods were in the kitchen refrigerator:
* plastic bowl with a blue rim with what appears to be sausage and gravy
* Square plastic container of corn
* Large rectangle plastic container of meat
* Rectangle plastic container of stuffing balls

RECEIVED

MAR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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.

Left over foods shall be labeled and dated
have labels for food

Immediately, then weekly hereafter: A designated staff person shall inspect all food storage areas, including all refrigerators, to ensure all leftover food is labeled and dated. *L*
4/13/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date *3/14/18*

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 *L*
(Initials)

Plan of correction implementation status as of 4/13/18
(Date)

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

MAR 20 2018

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency. Currently, the home serves 1 resident with mobility needs.

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

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

Letter written to fire department
Fire chief has been notified.

Immediately: A designated staff person shall immediately update the local fire department, in writing, of any changes to the location of residents who require assistance to evacuate in an emergency. *[Signature]*
4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Linda Brandon Administrator Date 3/14/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's most recent furnace inspection was completed on 9/25/15.

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

*Furnace has been inspected
McKeever Unlimited
196 Barkley Rd.
Clerksburg Pa. 15725
724-422-6626*

Immediately: The home shall develop and implement a system to ensure all furnaces are inspected by a professional furnace cleaning company or trained maintenance staff person at least annually,

4/13/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date *3/14/18*

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

The above plan of correction is approved as of 4/13/18 (Date) Plan of correction implementation status as of 4/13/18 (Date)

The above plan of correction was approved by *L* (Initials) Fully Implemented
 Partially Implemented - Adequate Progress *L*
 Partially Implemented - Inadequate Progress
 Not Implemented

MAR 14 2018

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

A fire drill during sleeping hours was conducted on 8/29/16 at 5:30 a.m.; however, another fire drill during sleeping hours was not conducted until 7/12/17 at 12:25 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.

Fire drills will be conducted q 6 months
3/10/18 @ 5:30 AM Had 5 residents, it took
2 mins 14 secs. Next will be 9/10/18 @ 5:30 AM

Immediately: the home shall develop and implement a system
to ensure an unannounced fire drill is held during sleeping
hours at least once every 6 months.

[Signature]
4/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon
Administrator

Date

3/14/18

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4/13/18
(Date)

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4/13/18
(Date)

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[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 42871 - 10/20/2017 - Garigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 1/31/17, indicates "see list" for the medication regimen; however, nothing is attached.
The medical evaluation for resident #2, dated 1/31/17, indicates "see list" for the medication regimen; however, nothing is attached.

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

Medication list has been attached for #1 [redacted]
Medication list has been attached for #2 [redacted]

A new medical evaluation was completed in its entirety for Resident #1 on 1/31/18. & 4/13/18
A new medical evaluation was completed in its entirety for Resident #2 on 1/31/18. & 4/13/18

Immediately: The home shall review all current resident medical evaluations to ensure each resident has a medical evaluation completed in its entirety. & 4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
(Required on EVERY Page) *Administrator*

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 4/13/18
(Date)

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Lauria
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 86 Pa.Code §2800

2800.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

At approximately 10:00 a.m., there was no fire extinguisher in metal carport which is the home's estgnated smoking area.

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

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

Designated smoking area has been moved. (It is now at the end of the ramp) it has a metal pile for cigarettes it is not under the metal car port.

Immediately: The home shall relocate the outside designated smoking section away from common walkways and exits in accordance with 2800.144(c)(2). All residents and staff members shall be educated on the location of the new designated smoking section.

[Signature]
4/13/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date *3/14/18*

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

The above plan of correction is approved as of 4/13/18 (Date)

Plan of correction implementation status as of 4/13/18 (Date)

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

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At approximately 10:00 a.m., multiple flammable items, to include the following, were in the metal carport, which is the home's designated smoking section:

- * A large grill / smoker in use
- * 2 gallon gas can, approximately 3/4 full, next to a weed eater
- * 2 quart bottle of Kingsford charcoal lighter fluid
- * 14.1 ounce Propane torch

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.

Smoking area has been changed. ~~(unacceptable plan of correction)~~ ~~(it is now at the end of ramp)~~ It has a metal pail for cigarettes. It is not under the metal car port.

Immediately; The home shall relocate the outside designated smoking section away from common walkways and exits in accordance with 2600.144(c)(2). All residents and staff members shall be educated on the location of the new designated smoking section. 4/13/18

Immediately, then daily thereafter: The home shall check the new designated smoking area to ensure no combustible or flammable materials are present. 4/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon
Administrator

Date 3/14/18

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

The above plan of correction is approved as of 4/13/18 (Date)

Plan of correction implementation status as of 4/13/18 (Date)

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

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

Violation Report: 42671 - 10/20/2017 - Garrigan, Laurie
PGH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
There was no first aid kit in the car used to provide transportation for the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
First aid kit will be in car for transporting will be 4/3/18.
The home placed a first aid kit, which contains all items specified in 2600.96a, in the vehicle used to transport residents.
L
4/13/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon* Date *3/14/18*
(Required on EVERY Page) *Administor*

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

The above plan of correction is approved as of 4/13/18
(Date)

Plan of correction implementation status as of 4/13/18
(Date)

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

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

Violation Report: 42071 - 10/20/2017 - Garrigan, Laurie
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2800

2800.225(c) - The resident shall have additional assessments as follows:

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

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 1/31/17, does not include any medical diagnoses. This section of the assessment is blank. However, the resident's medical evaluation, dated 1/31/17, includes the following diagnoses:

- * Hyperlipidemia
- * Chronic Obstruction Pulmonary Disease
- * Hypertension

Resident #2's assessment, dated 1/31/17, does not include any physical or psychological medical diagnoses. These sections of the assessment are blank. However, the resident's medical evaluation, dated 1/31/17, includes the following diagnoses:

- * Dementia
- * Depression
- * Anxiety
- * Restless legs

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.

*Medical diagnosis is filled out for resident #1
Assessment for Resident #2 for physical & psychological diagnosis has been filled out
A new assessment was completed for Resident #1 on 1/31/18. & 4/13/18
A new assessment was completed for Resident #2 on 1/31/18. & 4/13/18
Immediately: the home shall review all resident records to ensure each resident has an assessment completed in its entirety.
4/13/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date

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

The above plan of correction is approved as of <u>4/13/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>4/13/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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