



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 01 2018

Mr. Robert B. Getz  
President  
Getz Personal Care Home Inc.  
1026 Scenic Drive  
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home  
License #: 240500

Dear Mr. Getz:

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

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

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 09/20/1996 PA Dept of L&I	C-2 LP 08/10/1993 PA Dept of L&I	C-2 LP 01/03/1992 PA Dept of L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/14/2017: Foulkes, Kimberli; Hummel, Jesse		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 47 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: 1 Number of Hospice Residents in past year: 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives observed a natural gas fired stove located in the facility's main kitchen. The facility has installed a carbon monoxide detector in the kitchen, however the detector is installed 12.5 feet from the stove, which is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

on 12-11-17 Royal Security Services relocated the CO<sub>2</sub> detector a further distance from stove to be within regulations. if any detectors need to be installed in the future, Administrator will ensure they are placed within regulatory distance.

The administrator shall be familiar with the Care Facility Carbon Monoxide Alarm Standards Act and shall monitor and be responsible for ongoing compliance.

*[Signature]*  
1/3/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, President	Date 12-21-17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1/3/18</u> (Date)	Plan of correction implementation status as of <u>1/3/18</u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, date of hire 7/11/17, did not live in PA during 2016, therefore this staff was not a PA resident for two consecutive years and the home did not complete an FBI check.

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

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

Staff person A was given information to register for fingerprinting, we are awaiting results of FBI check. PA background check came back with no results. Staff person A currently does not do resident care independently until results are received by facility.

In order to maintain compliance, a Verification of Residency form has been created to be completed upon initial meeting with administration to complete paperwork + orientation so Administration does not overlook requirements for FBI check + new staff are also aware of requirements. Any new staff requiring FBI check will be given information to register for fingerprinting.

The administrator shall monitor and be responsible for ongoing compliance - M 1/3/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Robert B Getz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz President      Date 12-21-17

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

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

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired on 3/9/17, began providing unsupervised ADL services on 3/17/17. The staff person did not pass the online competency test until 6/29/17.

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

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

To maintain future compliance, all New Hire Direct Care Staff will be given instructions to complete online training upon hire date + certification must be received by Administrator by end of first week of training. If not received/completed they will be removed from schedule until certification is received.

Repeat Violation: No

Date(s) of Previous Violation(s):

The administrator shall

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

monitor for ongoing-compliance.

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

Robert Getz President

Date

12-21-17

*M*  
11/3/18

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 (Initials)

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives observed an unlocked closet/storage door on the second floor. Located in the area were the following items: OdoBan disinfectant, Lysol Disinfectant spray, and blow off duster. Each of these items have a manufacturers label indicating "contact a poison control center in the event of ingestion." Residents of the facility are not assessed to safely use and avoid poisonous materials.

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

Staff moved poisons to a locked area on same day.  
 12-4-17 during staff mtg all staff were reminded that all poisons must be locked <sup>away</sup> when not in sight of a staff person. To maintain compliance Administrator will continue to educate new + existing staff on importance of locking poisons away when not in sight of staff.  
 The administrator shall monitor and be responsible for ongoing compliance.  
 1/3/18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Robert Getz President Date 12-21-17

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives observed the exterior dumpster lid as open exposing bags of garbage.

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.

Dumpster lid was closed on same day  
 12-17 staff were reminded at mtg that dumpster lid must be closed at all times. To maintain compliance Administrator will continue to educate new + existing staff on importance of dumpster lid being closed.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
11/3/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Robert Getz President      Date 12-17

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Violation Report: 24050 - 11/14/2017 - Fouikes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 11/14/17 at 9:54am the home's outside dryer ducts located on the porch on the side of the building near the smoking area had knee highs covering the ducts. Both knee highs contained lint and both ducts had lint lining the insides as well.

**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.*

Knee high stockings were removed + lint was cleaned out that day. To maintain compliance, housekeeping has been assigned to ensure outside dryer ducts are cleaned out regularly to prevent future build up + stockings will no longer be used.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
1/3/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert Getz President* Date *12-21-17*

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**

The facility last submitted their Emergency Procedures to the local Emergency Management Agency on 9/20/16. These procedures are required to be reviewed and submitted annually.

**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.*

11-15-17 Emergency procedures were submitted to local Emergency management for review.

To ensure continued compliance with regulation, Administrator will document on yearly planner the date to submit Emergency Procedures for review so we maintain annual review.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
11/3/18

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  
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Robert Getz, President

Date

12-21-17

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*[Signature]*  
(Initials)

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberil  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**  
 The second floor has three exits. Department Representatives observed the exit door leading from the second floor to the apartment. The door leads to a set of stairs. Observed at the bottom of the stairs was a baby gate impeding egress down the stairs.

**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.

Baby gate was removed same day from bottom of stairway. To maintain compliance staff were educated on use of mesh/velcro door blocks that should be use instead of gates to maintain easy exit if needing to evacuate + also educated on importance of not blocking exits.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
 1/3/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert Getz President*      Date *12-21-17*

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

Department Representatives observed the facility's fire drill log. The log indicates that a fire drill was conducted on 6/28/17 at 1:40 however it does not indicate whether the drill was held in the AM/PM as required.

**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.

To maintain future compliance, administrator will document all fire drills in log + have log double checked by another staff member in administrative offices to ensure all documentation is done correctly + both will initial for completion.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
1/3/18

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)

Robert Getz President

Date

12-21-17

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- Not Implemented

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 on 4/11/17 was prescribed Benzonate 100 mg, one capsule orally three times daily as needed for cough for 10 days. This medication was still in the home's medication cart on 11/14/17.

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

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

Medication was removed from medication cart. Director of Nursing instructed all medication technicians on all shifts that they must check each cart daily (nightly) to ensure DIC'd medications are removed. Director of Nursing will also do weekly checks on med carts to ensure we maintain compliance.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
 1/3/18

Repeat Violation: Yes  Date(s) of Previous Violation(s): 11/29/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz President Date 12-21-17

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 receives accuchecks four times daily, 8am, noon, 5pm and 8pm. On 11/8/17 at 8:07pm the glucometer reading was 132 and 134 was documented on the resident's Medication Administration Record (MAR).

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

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

To maintain compliance Director of Nursing instructed all medication technicians to check + double check all numbers on glucometers before final documentation + Director of Nursing will do regular checks on glucometers + compare to documentation to ensure accuracy.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]* 1/3/18

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) Robert Getz President      Date 12-21-17

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 11/6/17, resident #1 refused to take their 9:30am medications and on 11/12/17 at noon they refused their accucheck and novolog. The home did not report the refusals to the resident's doctor as required.

**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.

Doctor was faxed refusal notification for both medications. To maintain compliance Director of Nurse re-educated staff during 12-4-17 staff meeting on always faxing doctor when resident refuses medication + excel monitor what refusals are documented & faxed.

- The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
1/3/18

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)

Robert Getz, President

Date

12-21-17

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Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Apap-Cod #2 tablet, one tablet orally three times daily as needed for pain. On 11/4/17 and 11/13/17 this medication was administered four times in one 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.

Reportable incident was submitted to DHS. PCP + Rheumatologist who prescribed medication were made aware of error + medication was DIC'd.

To maintain compliance Director of Nursing will continue to monitor PRN medications so administered correctly + educated staff on administration of PRN medications.

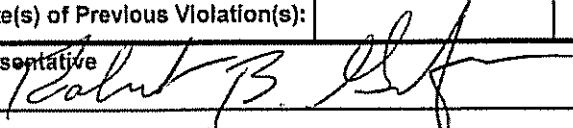
The administrator shall monitor and be responsible for ongoing compliance.

1/3/18

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)

Robert Getz President

Date

2-21-17

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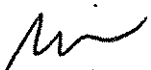
The above plan of correction is approved as of

1/3/18  
 (Date)

Plan of correction implementation status as of

1/3/18  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberll  
 PCH Name: GETZ PERSONAL CARE HOME

**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 #4 was admitted to the facility on [redacted] 17. The facility completed an assessment of the resident, however the assessment was not dated and therefore it cannot be determined if the assessment was completed in the required time frames.

**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.*

~~11-15-17 staff had resident sign~~  
 11-15-17 staff signed + dated new assessment + support plan  
 11-16-17 staff found original assessment + support plan that were signed + dated correctly on a DCL'd resident's chart.

To maintain compliance Administrative Assistants who complete Assessments + Support plans maintain documentation of dates that paperwork must be completed by so it is done per regulation

\* The administrator shall monitor and be responsible ongoing compliance.

*m* 1/3/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

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

Robert Getz President

Date

12-21-17

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

The above plan of correction is approved as of

1/3/18  
 (Date)

Plan of correction implementation status as of

1/3/18  
 (Date)

The above plan of correction was approved by

*m*  
 (Initials)

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

Violation Report: 24050 - 11/14/2017 - Foulkes, Kimberli  
 PCH Name: GETZ PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the facility on [redacted] 17. The facility completed an assessment and support plan for the resident, however the staff that assisted in completing the assessment and support plan as well as the resident did not sign the plan.

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.

11-15-17- Staff + resident ~~completed~~ signed + dated new assessment + support plan  
 11-16-17- staff found original assessment + support plan that were signed + dated correctly in a DIC'd resident's chart.

To maintain compliance Administrative Assistants who complete assessments + support plans maintain documentation of dates that paperwork must be completed by so it is done per regulation.

The administrator shall monitor and be responsible for ongoing compliance in 1/3/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz President      Date 12-21-17

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

The above plan of correction is approved as of 1/3/18 (Date)

Plan of correction implementation status as of 1/3/18 (Date)

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

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