



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Susan Jones
Owner/Administrator
Susan Jones
111 Hydrangea Lane
Mount Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage
Certificate #: 428900

Dear Ms. Jones:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 11, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SUSAN S VICTORIAN COTTAGE		License Number: 42890
Address: 111 HYDRANGEA LANE, MT PLEASANT, PA 15666		County: Westmoreland
Administrator: SUSAN JONES		Region: WEST
Legal Entity Name: SUSAN JONES		RECEIVED JUN 01 2018 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666		
Certificate(s) of Occupancy C-2 LP 04/03/1989 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/11/2018: Georgoulis, Karen; Grace, Desmond		
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: 16 Number of Residents Served: 15 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: 2	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 10 Have Mental Illness: 11 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

JUN 01 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately, 9:40 a.m., the resident privacy coding document was attached to the posted licensing inspection summary dated 1/11/17, to include resident #1 and #2's names.

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 01/11/18, the day of the inspection, the privacy coding document was removed from the posted violation report by the Administrator. Posting this was an error. The Administrator will assure that the privacy coding document is never posted with all future violation reports to maintain resident privacy.

Immediately: The administrator or designated staff person shall check the home weekly to ensure all resident information is maintained in a confidential manner. 6-14-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Jones RN

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

SUSAN JONES RN

Date

06-01-18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

6-14-18
(Date)

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

The above plan of correction was approved by

J
(Initials)

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

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

According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 12/4/17, a copy of the Influenza Awareness Poster was not posted in the home.

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

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

I see that there is now an Influenza Awareness Poster on our bulletin board. I don't know how it got there, where it came from or who posted it. All our residents and staff had their flu shots in October 2017 except for those who refused to have it. Do other homes have this poster? Where did they get it from? How were they notified that it was required? Please let me know how this home can always be notified of these types of requirements to prevent any similar violations.

The Administrator wrote "DO NOT REMOVE" on the poster and will do monthly checks to assure it remains there.

Immediately: The administrator or designated staff person shall check the home weekly to ensure the Influenza Awareness poster is posted in the home. *6-14-18*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RN* Date *06-01-18*

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

The above plan of correction is approved as of *6-14-18*
(Date)

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

Plan of correction implementation status as of *6-14-18*
(Date)

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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home provides financial management of the resident's petty cash for residents #1, #5, #6, #7. The home charges the residents, ~~\$15.00~~ a month, that is taken from their personal needs allowance of \$85.00. The monthly distribution sheets for resident's #1, #5, #6 and #7 do not include the withdrawal/payment of ~~\$15.00~~ to the home for the cable. *ERROR, IS \$14.00 per month*

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

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

This is not a violation.

The Home is Rep Payee for residents #1 and #5. Resident #5 is not subject to the \$85.00 PNA rule because she has a higher income. These residents both are aware that their monthly \$14.00 TV charge is always drawn from each of their Rep Payee Direct Deposit bank accounts monthly by one check which includes both rent and TV. The \$14.00 TV charge is not documented in their Lock Box accounts of personal spending funds because the \$14.00 is never withdrawn from their Lock Box accounts.

Resident #6 is no longer a resident at this home. Her POA always included her \$14 TV charge along with her monthly rent checks. Her TV charge was never taken from her Lock Box account.

Resident #7 doesn't have a Lock Box account at the home because his Guardian handles all his financial transactions and provides him with all his cash spending money. His Guardian always has included his \$14 TV charge along with his monthly rent checks.

See pp 4A of 66

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN JONES RN* Date *06-01-18*

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

The above plan of correction is approved as of 6-14-18 (Date)

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

Plan of correction implementation status as of 6-14-18 (Date)

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

Jun. 14. 2018 11:16AM

No. 2250 P. 2

Page 4 of 18

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home provides financial management of the resident's petty cash for residents #1, #5, #6, #7. The home charges the residents, \$15.00 a month, that is taken from their personal needs allowance of \$85.00. The monthly distribution sheets for resident's #1, #5, #6 and #7 do not include the withdrawal/payment of \$15.00 to the home for the cable.

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

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

Resident #6 no longer resides in the home. 6-14-18

The home does not manage any finances for resident #7. 6-12-18

Immediately: The administrator or designated staff person shall create a financial documentation system for residents #1 and #5 which includes a record of financial transactions including the dates, amount of deposits, amount of withdrawals, and the current balance. 6-14-18

Immediately: The administrator or designated staff person shall develop and implement a system to ensure there is a record of financial transactions for each resident who has funds managed by the home including dates, amount of deposits, amounts of withdraws, cash disbursements, current balances and quarterly account statements. This policy will include the steps the home will take to ensure resident funds will be distributed during normal business hours within 24 hours of the resident's request. 6-14-18

Immediately: All staff persons managing or handling resident funds shall be educated on the home's financial management policy and procedures and the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10). Documentation of education shall be kept. 6-14-18

Immediately: The administrator or designated shall conduct a monthly audit of financial records and finances for all residents for whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. 6-14-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Jones

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

SUSAN JONES

Date 6-14-18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)
(Initials)

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

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home provides financial management for residents #1, #5, #6, and #7. The home has not completed the quarterly account of financial transactions and not provided the residents or designated persons an itemized account of financial transactions on the resident's behalf for the 2017 year.

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

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

Residents #1, #5 and all other residents with Lock Box funds are always made aware of their financial balances several times monthly when they sign for added or withdrawn funds. Any printed documentation will only accumulate in drawers or be thrown in the trash since they are not needed or wanted by the residents. Resident #5 can't read the documentation anyway and only relies on verbal information.

When Resident #6 lived here, her POA was constantly aware of her balances when he signed for his deposits and by frequent verbal inquiries and balance information given to him by the staff.

Resident #7 doesn't have a Lock Box account at the Home because his Guardian supplies him with all his spending money. The home has no idea of how much money he has.

Today, 05-29-18, the Administrator balanced the accounts, printed quarterly sheets for all residents with Lock Box balances and gave them to the residents who have Lock Box funds. To prevent a future violation, the Administrator has added "Print Quarterly Lock Box statements" to the Quality Management plan for reminders to print and hand out these required sheets. Staff has also been instructed to note when quarterly statement printing has been documented on the sheet every time they get resident signatures and to always notify the Administrator if it has been 3 months since they were printed, handed out and documented on the sheet.

5-29-18 5-29-18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RN* Date *06-01-18*

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 6-14-18
(Date)

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

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

Jun. 14. 2018 11:16AM

No. 2250 P. 3

Page 5 of 16

Violation Report: 42880 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home provides financial management for residents #1, #5, #8, and #7. The home has not completed the quarterly account of financial transactions and not provided the residents or designated persons an itemized account of financial transactions on the resident's behalf for the 2017 year.

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

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

Resident #8 no longer resides in the home. 6-14-18

The home does not manage any finances for resident #7. 6-14-18

Immediately: The administrator or designated staff person shall develop a quarterly statement of financial transactions from 1/1/18 to present and provide the statement to the residents and their designated persons, if applicable. 6-14-18

Immediately: The administrator or designated staff person shall develop a system to ensure each resident who has funds managed by the home will give the resident and the resident's designated person if applicable, an itemized account of financial transactions made on the resident's behalf on a quarterly basis. A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account. Documentation of refusal shall be kept in the resident records. 6-14-18

Within 30 days of receipt of the accepted plan of correction: - All staff persons managing or handling resident funds will be educated on the home's financial management policy and procedures. Documentation of education shall be kept in the staff records. 6-14-18

Immediately: The administrator or designee shall conduct a monthly audit of financial records and finances for all residents for whom the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. 6-14-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN JONES* Date *6-14-18*

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

The above plan of correction is approved as of 6-14-18 (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

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JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - 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 telephone numbers were posted on or by the telephone on the counter in the dining room.

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.

Everything on our walls was removed for our whole house interior repainting crew. The list had been lying on the counter beside the phone but must have disappeared with the painting disruption. A new Emergency Phone Number list is now attached to the newly painted wall. Our previous Emergency Phone lists remained in place for many years and this one will also since there will be no new wall painting for several years. Staff and Administrator are aware that these phone numbers must always be available at each phone and continued weekly checking by the Administrator and staff continues to assure that they remain in place.

Immediately: A designated staff person shall check all telephones monthly to ensure all telephone numbers in accordance with regulation 2600.91 are posted on or by each telephone. *6-14-18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RN* Date *06-01-18*

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

The above plan of correction is approved as of *6-14-18*
(Date)

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

Plan of correction implementation status as of *6-14-18*
(Date)

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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

On 1/11/18, there was no window covering on the window in bedroom #12, to ensure resident privacy. Bedroom #12 is currently occupied by only one resident.

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.

The curtain in room 12 was removed to be laundered and had not yet been rehung at the time of the 01-11-18 inspection. A laundered curtain is now in place on the window in room 12. Staff has been instructed to always put replacement window coverings in place while laundering any room's curtain. The Administrator will check all windows weekly to assure they have window coverings.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones RW*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RW*

Date *06-01-18*

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

The above plan of correction is approved as of *6.14.18*
(Date)

Plan of correction implementation status as of *6.14.18*
(Date)

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

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

JUN 01 2018

Page 8 of 16

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
 PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

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
 On 1/11/18, there was a wheeled three tier cart on the inside of bedroom 5 on the right side next to the door obstructing the emergency exit door from being opened.

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

Resident #5's actions should not be a violation for the home. When this resident's wheeled cart was in it's correct location the door and doorway were not blocked at all. This resident frequently deliberately moved her wheeled cart to block her door to prevent anyone from entering the room when she was in her room. She always moved it back a few inches to it's correct location when she left her room. Some of our home's bedrooms have locks on their doors and residents can lock them while in or out of their rooms. This resident probably used her wheeled cart because her door does not have a lock. The wheeled cart has now been removed and replaced with a table that is not on wheels. Residents and staff have been instructed that all doors must always be able to be opened in case of an emergency. The Administrator has keys to all the home's lockable doors and will check monthly to assure that all doors are able to be opened at all times.

Immediately: The administrator or a designated staff person shall check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. *6-14-18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUSAN JONES RN</i>	Date <i>06-01-18</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><i>6-14-18</i></u> (Date)	Plan of correction implementation status as of <u><i>6-14-18</i></u> (Date)
The above plan of correction was approved by <u><i>J</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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
The initial medical evaluation for resident #3, dated 12/28/17, does not include height, weight, pulse rate, blood pressure, health status and cognitive functioning. These sections of are 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.

Resident #3's vital signs, ht, wt, cognitive functioning and health status have been added to DME dated 12/28/17. The Administrator is aware that DHS requires every blank on every page to contain documentation. Sometimes the doctor fails to document in each blank to DHS's standards. To prevent future violations, the Administrator will review each DME presented for a doctor's signature to assure that all the blanks on all future DMEs have correct and complete documentation.

Immediately: The administrator or designated staff person Shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled. 6-14-18

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

Signature of Legal Entity Representative (Required on EVERY Page)
Susan Jones RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Susan Jones RN Date 06-01-18

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

The above plan of correction is approved as of 6-14-18 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 6-14-18 (Date)

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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 1/11/18, resident #5 is prescribed Clonazepam 1mg tablet, take one tablet twice daily (8:00 a.m. and 2:00 p.m.). The resident regularly attends a day program and is regularly given his/her medication to take while at the program. On 1/11/18, resident #5 was given the 2:00 p.m. dose of Clonazepam to take to self-administer while at the day program. Resident #5's medical evaluation, dated 1/12/17 and assessment dated 2/15/17, indicates the resident is not assessed to be able to self-administer his/her medication.

Resident #3 is prescribed Dicyclomine 10mg capsule - take three times a day (8:00 a.m., 12:00 p.m. and 5:00 p.m.). On 1/11/18, direct care staff A indicated resident #3 was given the 12:00 p.m. dose to self-administer while out with family. Resident #3's medical evaluation, dated 12/28/17 and assessment, dated 12/12/17, indicates the resident is not assessed to be able to self-administer his/her medication.

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

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

Resident #3 and Resident #5 are both capable of remembering to take their staff provided medication while they are out in the community for short periods of time. This home's pharmacy uses the "Meds on Time" dispensing system which provides from 1 to 6 tablets in an individual sealed pod on which is printed the resident's name, date, time and meds in the pod. A resident's outing usually requires only one pod to be given to the resident with instructions on what time to take it. This is easy and uncomplicated for the residents. DHS's med assessment form does not allow for a complete enough explanation of a resident's ability so "Unable to self administer" must usually be checked since I'm unable to document that a resident is always able to choose unassisted which pill(s) to take at which correct time. Since our 01-11-18 inspection the Administrator has obtained orders from their doctor allowing Residents #3 and #5 to take their staff provided medication at the correct time when they are out in the community. These orders are printed by the pharmacy on their MARs. To prevent this violation in the future, the Administrator will obtain a similar order for all of our residents in case anyone else ever needs to take their medication while they are out in the community.

Immediately: Resident #3's and #5's assessments and support plans shall be updated regarding the residents' ability to self-administer medications. *6-14-18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Jones AW

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

SUSAN JONES AW

Date

06-01-18

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The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

6-14-18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

y
(Initials)

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 1/11/17 at 2:12 p.m., the following medications and medication cups were found in the "med room" in the two shelf wooden cabinet. Direct care staff person A indicated he/she had pre-poured the medication on 1/10/18 during the 3:00 p.m. to 11:00 p.m. for administration on 1/11/18 at specified times. The top shelf was labeled 8:00 p.m. and contained 15 individual medication cups called "pods" labeled 8:00 p.m. that were lined up on the shelf, several pods contained the following:

* An unlabeled cup containing one yellowish/brown tablet and a pod containing Risperidone and Simvastatin. Direct care staff person A indicated the med cup is for resident #8.

* The last two pods were labeled with resident #7's first name- one labeled 3:00 p.m. contained a 1½ greyish/purple tablet and a ½ white oval caplet. The other pod labeled 8:00 p.m. contained ½ of a brownish tablet and one orange oval capsule.

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.

At our 01-11-18 inspection, the inspector informed our staff that pre-pulling of the dated, timed pre-filled med pods is permitted since they are fully labeled by the pharmacy. Ever since our inspection, our staff has been instructed and only pre-pulls the named, dated pre-filled pharmacy medication pods for the next administration and never pre-pulls any medication that is not in a pharmacy-provided pod. As a reminder to staff for residents who need meds that are not in a pod, staff has been placing their unopened pod(s) into an empty pill cup to be filled with the non-pod med(s) at the time of administration. All our staff has followed this 'empty pill cup' procedure since 01/11/18 and it has worked very well. The Administrator has been checking weekly to assure that no non-pod meds are ever pre-pulled which does prevent this violation from happening.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RN* Date *06-01-18*

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

The above plan of correction is approved as of 6-14-18
(Date)

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

Plan of correction implementation status as of 6-14-18
(Date)

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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Loratadine 10mg tablet, take one tablet every day. However, the medication container did not have a label.

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

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

Resident #7 receives all his meds from a mail order Pittsburgh VA pharmacy. His meds are packaged differently from all the other resident's meds and are kept in a plastic container separately from all our other resident's meds. The VA pharmacy did not place a label on a package of Loratadine OTC and staff neglected to write the resident's name and dosage time on the box when they stored it in that resident's plastic container. At the 01/11/18 inspection, the resident's name and prescribed time of administration were written on the Loratadine box. The resident's name, dosage order and administration time must always be written on all meds. Staff has been instructed to always write this information on all medications. Follow up by the Administrator will continue monthly to prevent this violation in the future.

Immediately: The administrator or a designated staff person qualified to administer medications will complete an initial and monthly audit of the medication carts and any other medication storage areas to ensure all prescription medications are labeled with a pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber and match the prescription. 6-14-18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SUSAN JONES RN Date 06-01-18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 6-14-18
(Date)

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

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

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #6's January 2018 MAR does not include a diagnosis or purpose for Trazadone 100mg take one tablet at bedtime.

Resident #7's current physician order, dated 1/4/18, indicates the resident is prescribed, Warfarin 3mg tablet, take one tablet Tuesday and Thursdays and Warfarin 2mg tablet take one tablet on all remaining days (Monday, Wednesday, Friday Saturday and Sunday). However, the resident's January 2018 MAR indicates two orders, as follows:

- * Warfarin 3mg tablet take one tablet on Sunday, Tuesday, Thursday and Saturday at 8:00 p.m.
- * Warfarin 2mg tablet, - take one tablet Monday, Wednesday and Friday at 8:00 p.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.

Regarding Resident #6's Trazodone order:

This resident was discharged to another home on 01-23-18. Trazadone was a new order on Dec 28, 2017 and it's anti-depressant purpose was not printed on the pharmacy's printed MAR. The purpose was added to the MAR at the Jan 11, 2018 inspection. Staff has been instructed to always write the drug's purpose on the MAR for all new orders when the purpose isn't provided by the pharmacy and the Administrator checks MARs monthly to verify this is being done.

Continued on the following page *See page 14 of 16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Jones RN

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

SUSAN JONES RN

Date 06-01-18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

6-4-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

JUN 01 2018

PAP 14A - 116

WEST REGION FIELD OFFICE
Human Services Licensing

Page 14 of 16 Continued: 2600.187 (a) Medication Record

I am very upset about the handling of this!!! I was not present for most of this 1-11-18 inspection due to doctor appointments and I never saw this new order of 1-4-18 that the inspectors found. I learned of that order today, 5-29-18, over 4 ½ months after the fact, when I received DHS's violation report. I phoned the VA office today to verify the order. I don't know which employee received this order on 1-4-18 or why that person didn't write the order on the MAR or Warfarin bottles.

None of Resident #7's 8 or 9 Warfarin 2 mg bottles from the Pittsburgh VA pharmacy were labeled with the order he had been on since his 5-26-17 admission here. Staff gave 1 tab (2 mg) daily from one bottle and gave an extra ½ tab to equal 3 mg on Sun Tue, Thu, Sat from a second bottle of 2 mg tabs that staff had cut in half. I realize that all bottles must have a current order label and we neglected to ask the VA pharmacy to provide current labels. I don't have those now empty bottles to check if staff had written the dosage for each day on these bottles or not. Staff gave 1 or 1 ½ of these 2 mg tabs according to the day as specified on the MAR, not as VA had printed on the labels. Some bottles and labels were 1 year old and we continue to discard the expired bottles as they expire while continuing to receive mailings of new bottles with incorrect labels.

I'm wondering why, when the inspectors found this new 1-4-18 order on 1-11-18, didn't they bring this order change to my attention? All they were concerned about was that the bottles weren't labeled correctly but I already knew that. Why didn't the inspectors tell us about this 1-4-18 new order that they found? That information would have prevented us from continuing to overdose this resident after their 1-11-18 inspection. This drug is Warfarin/Coumadin, a blood thinner, and an overdose could have caused the resident to bleed. The inspectors should have informed me of the existence of this order change immediately on 1-11-18 when the inspectors found it, not 4 ½ months later with their violation report.

Luckily, this resident had another PT/INR drawn the week after the inspection which prevented an ongoing overdose. We received and transcribed a new order for only 2 mg per day and wrote the change on the MAR and the currently used bottle's label. I don't know what happened to the 1-4-18 order the inspectors found but I think it must have disappeared with the mess of disruption our interior wall painting caused in our med area and bulletin boards (unless the inspectors took it.).

The 2 employees on duty on 1-4-18 were strongly admonished today for neglecting to acknowledge this very important order change. Neither one of them can remember anything about it. Staff says sometimes this resident comes home from his doctor visit and keeps a script in his pocket, not telling us about it. However, some staff person had this order but neglected to transcribe it to the MAR and they didn't tell me about it. We had a long discussion and instruction was given to always read information brought from a doctor visit and to never ignore or postpone any new order, ever, no matter what. Information on the danger of a Warfarin overdose was reinforced. They bruise easily, small nicks can bleed heavily and there is increased danger of internal bleeding with a fall. That is why blood draws for PT/INR levels are frequently done. When a resident returns from a doctor appointment, employees must always question the resident as well as his escort as to any new order changes. Every new order must be transcribed onto the MAR, the bottle's label must be updated, the resident's transfer sheet must be updated and the pharmacy must always be notified of the order. I'm not happy with the VA procedure of sending orders and order change information home with an unreliable resident but I can do nothing about that. Bottle labels have been updated with the again changed current order of 3 mg Tue and Thu and 2 mg all other days. Staff has been instructed to always obtain a correct pharmacy label or cross off an old order and write the current order on all labels. The Administrator must always be aware of all new orders and assure that the changes are followed and will check weekly to assure all bottles are labeled correctly. Also, the inspectors need to be given some instruction on improved communication.

Susan Jones RN
Susan Jones RN

05-29-18

Immediately: The administrator or a staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a).

RECEIVED

JUN 01 2018

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #7's current physician order, dated 1/4/18, beginning 1/5/18 indicates the resident is prescribed, Warfarin 3mg tablet, take one tablet Tuesday and Thursdays and Warfarin 2mg tablet take one tablet on all remaining days (Monday, Wednesday, Friday Saturday and Sunday). However, resident #7's January MAR indicates the resident was administered Warfarin 3mg tablet on Saturday, 1/6/18 and Sunday, 1/7/18 at 8:00 p.m. instead of the 2mg tablet as prescribed.

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.

I don't know if this can be called an additional violation considering the previous violation. As written on the previous sheet, this was a failure to transcribe an unacknowledged order to the MAR. The staff person who gave the med did so correctly by following the order that was written on the MAR. I had no documentation for any new order or any change to the order that was written on the MAR. Staff gave and documented giving Warfarin 3 mg at 8 PM on Jan 6 and 7 as the MAR said she was to do.

See Page 15 of 16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones RJ*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES RJ* Date *6-01-18*

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

The above plan of correction is approved as of 6-19-18
(Date)

Plan of correction implementation status as of 6-14-18
(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: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

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

2a. DESCRIPTION OF VIOLATION
Resident #7's current physician order, dated 1/4/18, beginning 1/5/18 indicates the resident is prescribed, Warfarin 3mg tablet, take one tablet Tuesday and Thursdays and Warfarin 2mg tablet take one tablet on all remaining days (Monday, Wednesday, Friday Saturday and Sunday). However, resident #7's January MAR indicates the resident was administered Warfarin 3mg tablet on Saturday, 1/6/18 and Sunday, 1/7/18 at 8:00 p.m. instead of the 2mg tablet as prescribed.

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 medication errors for not following the current prescriber's orders shall be reported to the prescriber and the resident. *6-14-18 ✓*
Immediately: The home shall develop and implement a system to review all prescriber change or new orders including updating the resident MARs. *6-14-18 ✓*
Immediately: The administrator or designated staff person shall review all prescriber orders and all MARs for accuracy on a monthly basis. *6-14-18 ✓*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN JONES* Date *6-14-18*

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The above plan of correction is approved as of *6-14-18*
(Date)

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

Plan of correction Implementation status as of _____
(Date)

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

RECEIVED

Violation Report: 42890 - 01/11/2018 - Georgoulis, Karen
PCH Name: SUSAN S VICTORIAN COTTAGE

JUN 01 2018

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 #3's initial assessment, dated 12/12/17, does not include an assessment for supervision, medication administration, dental needs, and medical diagnoses of BCD, IDD, Hypertension, Hypertonic bladder, DJD, Neuropathy, OCD, and Obesity. These sections were blank.

Resident #7's initial assessment, dated 6/7/17, does not include an assessment of the resident care needs as related to the medical diagnosis of cognitive disorder as indicated on the medical evaluation, dated 5/24/17. There is no assessment for social and recreational needs, the resident's religious affiliation and group activities. 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.

Resident #3's, assessment portion of her RASP dated 12/12/17 and finalized on 12/28/17 does not list any of those additional diagnoses. I did document supervision and medication administration ability although, as I noted on the RASP, because the software wouldn't let me check any boxes for those. I am learning to use this software and should have gone back and checked the boxes manually and finished properly after the RASP printed. This resident's RASP was redone on 05-29-18, including the omitted diagnoses and hopefully including all previously omitted items. The Administrator will check and recheck all RASPS to assure they all contain all the blanks filled in with complete information to prevent any future violations. The Administrator will also have a staff person recheck each future RASP to assure they are complete.

Resident #7 did not include an assessment of the resident's care needs as related to the medical diagnosis of cognitive disorder and there is no assessment for the social and recreational needs, the religious affiliation and group activities. A new RASP^{AS} completed on 05-29-18 on which all the cited items are included. The Administrator will check and recheck all RASPS to assure they all contain all the blanks filled in with complete information to prevent any future violations. The Administrator will also have a staff person recheck each future RASP to assure they are complete.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/20/2017		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Susan Jones RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SUSAN JONES RN Date 06-01-18

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The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 6-14-18
(Date)

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

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