



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HUMAN SERVICES CENTER**
LEGAL ENTITY

To operate **CARITAS**
NAME OF FACILITY OR AGENCY

Located at **2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **11**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 30, 2018** until **May 30, 2019**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **441330**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 2018

Mr. Dennis W. Nebel, Psy.D.
Executive Director
Human Services Center
130 West North Street
New Castle, Pennsylvania 16101

RE: Caritas
2282 Old Princeton Road
New Castle, Pennsylvania 16101
License #: 441330

Dear Mr. Nebel:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23, 2018 and April 19, 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: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

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

On 1/23/18 at 11:45 a.m., resident #1's and # 2's progress notes and medical billing information for were unlocked, unattended, and accessible in the file cabinet next to the rear exit of the day room.

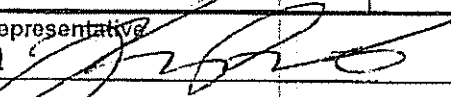
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

See PCH 2 of 20

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Perrino PCH Administrator* Date *4.9.18*

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

The above plan of correction is approved as of 5-4-18
 (Date)

Plan of correction implementation status as of 5-4-18
 (Date)

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

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

Page 2 Nov 20

2600.17

Corrective Action: I purchased a lock that day to put on the filing cabinet to ensure the privacy of resident information. I also checked all other areas of the home to ensure that there was no other resident information unlocked and unattended.

Education: I have a staff meeting scheduled for April 19, 2018 and I will review and educate the staff on the importance of each resident's confidentiality and regulation 2600.17 as well.

Monitoring: I will monitor the home daily to be sure that all records and any other resident information are kept in a locked or monitored area to ensure each resident's confidentiality.

RECEIVED

MAY 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

[Signature] Kim Lemino PCH Administrator
4.9.18
5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond	
PCH Name: CARITAS	
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 assistance to resident #1. However, the home has not provided resident #1 with an itemized account of financial transactions made on the resident's behalf since 8/4/17.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p><i>See Page 3 of 20</i></p>	
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
<p style="text-align: center;">DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</p>	
The above plan of correction is approved as of <u>1-4-18</u> (Date)	Plan of correction implementation status as of <u>5-4-18</u> (Date)
The above plan of correction was approved by _____ (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

Ptfe 3A of A 20

2600.20(b)(8)

Corrective Action: The designated staff who handles the resident's finances started doing quarterly reviews on 08/04/2017. The last quarterly review was done on 12/31/2017 and the first quarterly review of the year was done on 03/31/2018.

Education: I have educated the designated staff who handles the resident's finances on this regulation to ensure that the resident and the resident's designated person receive and/or review itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Monitoring: I will monitor each resident's finances quarterly to ensure all documentation is completed and accurate.



Kim Lemnio PCA Administrator 4-9-18

5-4-2018

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

1. REGULATION 56 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

Direct care staff person A started working in the home on 9/28/17. However, the home has not requested a Pennsylvania State Police criminal history background check for direct care staff person A.

Ancillary staff person B started working in the home in April 1999. However, the home has not requested a Pennsylvania State Police criminal history background check for ancillary care staff person B.

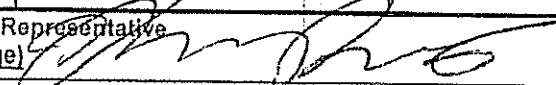
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

5-2-18-40-160

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jim Perrino PCH Administrator Date 4-9-18

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

The above plan of correction is approved as of 5-4-18
(Date)

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

Plan of correction implementation status as of 5-4-18
(Date)

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

Page 4 of 20

2600.51

Corrective Action: I updated staff persons B criminal history check and documentation has been sent. Staff person A is no longer working for the facility as of 03/28/2018 she has been taken off the schedule. Her official termination date is 04/06/2018.

Policy Addition: I have written a policy regarding criminal history checks to ensure that the home is in compliance with regulation 2600.51.

Policy Education: I will educate the human resources department's director at Human Services Center about this policy and regulation on 04/10/2018. This will ensure all criminal history checks are completed and done through the Pennsylvania State Police.

Additional Education: I will also educate the HR director all hiring procedures that need to be completed prior to the first day of providing direct care to any residents in the home. On 04/10/2018, a checklist will be provided to the HR director to ensure all hiring information is completed and accurate in accordance with 2600 personal care home regulations.

Monitoring: I will check all employee records to ensure that all staff has criminal history checks from the Pennsylvania State Police in their personal files on 04/09/2018. I will put a checklist of all information that is needed, in accordance with 2600 personal care home regulations, in each staff file to ensure that I keep up to date on all the information.



Kim Perrino PCH Administrator 4.9.18
5.4.18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/28/17 and provided unsupervised direct care services on 10/22/17. However, direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse active registry.

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.

See PCH SA 0120

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)

Kim Perrino PCH Administrator

Date *4.9.18*

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

The above plan of correction is approved as of *5-4-20*
(Date)

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

Plan of correction implementation status as of *5-4-20*
(Date)

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

Page 5 of 20

2600.54(a)

Corrective Action: I had staff person A email me a copy of her GED on 01/24/2018 and put it in her file.

New Policy: I implemented a Policy for New Employees that includes all the criteria from regulation 2600.54(a). I have added to the policy that no employee will start the training process until I have all the information listed in the policy from the HR department or the individual themselves (a copy of the policy was sent). I have updated this document on 04/05/2018 to include this.

Policy Education: I will educate the HR department on 04/10/2018 on this new policy for the home to ensure that regulation 2600.54(a)(1)(2)(3) are followed. I will also give them a checklist that will include a criminal history checks, valid driver's license, a diploma or GED, and a physical that includes a drug screening so that each time the home gets a new employee, volunteer, or ancillary staff working in the home they will meet all the criteria prior to performing direct care duties at the home.

*Staff person A no longer works in the home.
5-4-18*



Kim Ferrino PCH Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/28/17. However, direct care staff person A did not receive a general orientation in fire safety and emergency preparedness prior to or on the first day of work.

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.

5-4-18 6:00 PM

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/14/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Kimberly [unclear] Administrator

Date *4-9-18*

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The above plan of correction is approved as of *5-4-18*
(Date)

Plan of correction implementation status as of *5-4-18*
(Date)

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

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

Page 6 of 20

2600.65(a)

Corrective Action: At the time of the inspection and up until 02/26/2018 staff person A was on leave from employment. From 02/23/2018 through 03/28/2018, when she was taken off the schedule due to failure to have a valid driver's license, she did not work in the home. Staff person A will be terminated from employment on 04/06/2018, therefore I am unable to go through the orientation regulation 2600.65(a)

Monitoring: I will check all employee files to on 04/09/2018 to ensure that all criteria from regulation 2600.65(a) are covered prior to the employees first day of performing direct care at the home. I will also include the orientation training on my checklists that I put in each employee file so that I can keep better track of all employee information. My orientation training sheet contains all the information in 2600.65(a).



Kim Perrino PCH Administrator

4.9.18

5-4-20,

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

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

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A started working in the home on 9/28/17 and completed 40 working hours on 11/22/17. However, direct care staff person A did not however the direct care staff person did not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older adult protective Service Act, or reporting of reportable incidents and conditions.

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.

See page 7A of 20

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Perrino PCH Administrator</i>	Date <i>4.9.18</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>5-4-18</u> (Date)	Plan of correction implementation status as of <u>5-4-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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2600.65(b)

Corrective Action: At the time of the inspection and up until 02/26/2018 staff person A was on leave from employment. From 02/23/2018 through 03/28/2018, when she was taken off the schedule due to failure to have a valid driver's license, she did not work in the home. Staff person A will be terminated from employment on 04/06/2018, therefore I am unable to go through the orientation regulation 2600.65(b)

Monitoring: I will check all employee files to on 04/09/2018 to ensure that all criteria from regulation 2600.65(b) are covered within 40 scheduled hours of direct care staff, ancillary staff, volunteers, and substitute staff. I will also include the orientation training on my checklists that I put in each employee file so that I can keep better track of all employee information. My orientation training sheet contains all the information in 2600.65(b).



Kim Perrino PCH Administrator 4.9.18

5-418

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Ancillary staff person B did not receive training as on Emergency preparedness, resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Service Act, or falls and accident prevention during the 1/1/17 through 12/31/17 training 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.

See Page 8 of 20

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Kerring PCH Administrator* Date *4.9.18*

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

Plan of correction implementation status as of *5-4-18*
 (Date)

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

2600.65(g)

Page 8A of 20

Corrective Action: I trained staff person B on 02/12/18 on all the areas listed in regulation 2600.65(g): resident rights, emergency medical plan, mandatory abuse reporting (OAPSA), reportable incidents, emergency preparedness, falls, and accident prevention. In addition I also filled out and completed orientation training. All documentation was sent.

New Policy: I have implemented a new policy for the home that includes all required trainings for ancillary staff persons.

Monitoring: I will monitor all staff trainings during my quality review in September to ensure that all staff has received all the required 12 hours of annual trainings. I will immediately go through all employee files to ensure that all the staff has received all required annual trainings and orientation. I will, in addition to checking employee records, have a checklist of all trainings in the staff training manual.



Kim Perrino RCH Administrator 4.09.18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 1/23/18 at 10:50 a.m., there was a white flakey and dry, debris approximately 1/4" thick covering an area approximately 12" by 8" in the bottom of the main oven.

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.

See page 9 of 20

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) *Kimberly PCH Administrator* Date *4-9-18*

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

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

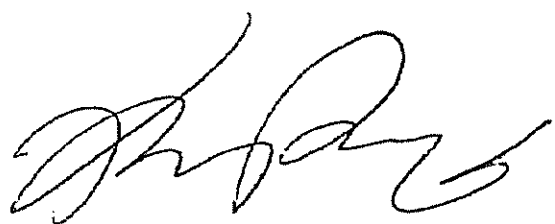
Page 48 of 20

2600.85(a)

Corrective Action: On 01/23/2018 I had the 4pm-12pm staff clean out the oven.

Education: I will educate the staff on the importance of maintaining sanitary conditions in the home during my staff meeting on 04/19/2018. All staff is responsible for the cleanliness of the home and is responsible for cleaning unsanitary areas.

Monitoring: All staff is responsible for checking all areas of the home on each shift on a daily basis to ensure that the home is in sanitary condition. Should the staff find unsanitary conditions they are to clean it immediately. I will also monitor the cleanliness of the home on a daily basis.



Kim Remnio PCH Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

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
 On 1/23/17 at 11:15 a.m., there was an uncovered 33 gallon trash can almost completely filled with trash on the outside of the home by the day 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.

See Page 10 of 20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Perrino PCH Administrator</i>	Date <i>4-9-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-4-18
 (Date)

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

Plan of correction implementation status as of 5-4-18
 (Date)

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

2600.85(e)

Page 10 of 20

Corrective Action: A covered receptacle for outside the home by the day room was taken from inside the barn and placed in that area on 03/30/2018.

Education: I will educate all the staff at the meeting on 04/19/2018 that all trash outside the home shall be kept in a covered receptacle.

Monitoring: In addition to education I told the staff they are responsible for reporting any trash receptacle missing a lid to ensure that the lid gets replaced immediately. Maintenance will check all outside trash receptacles weekly.



Kim Perrino PCH Administrator 4.9.18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

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

2a. DESCRIPTION OF VIOLATION

On 1/23/18 at 10:46 a.m., there were six 1 pound bags of various potato chips and a 2 pound bag of chocolate chip cookies were opened and unsealed in the upper cabinet on the left side of the kitchen.

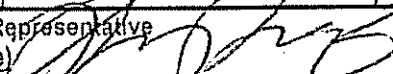
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

See page 11A of 20

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



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

Nimberino PCH Administrator Date *4.9.18*

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

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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

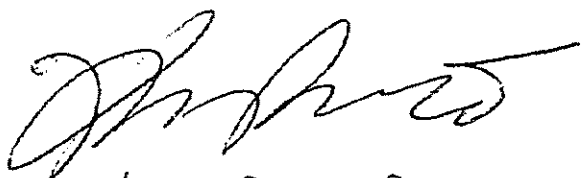
2600.103(g)

Pg 11A of 20

Corrective Action: The staff person on duty during the inspection on 01/23/2018 immediately put all food items that were open and unsealed in zip lock bags and placed them back in the cabinet.

Education: I educated all staff during our staff meeting on 03/22/2018 that all food items in cabinets, freezers, or refrigerators need to be sealed and dated at all times. I told them they can use chip clips or plastic zip lock bags to ensure that all food that is stored shall be in closed or sealed containers.

Monitoring: Cabinets, refrigerators, and freezers will be checked daily by staff during each shift. In additions I will also check all cabinets, freezers, and refrigerators weekly to ensure all food items are stored in closed or sealed containers.



Kim Perrino PCH Administrator 4-9-18

5-4-18

?

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home has not conducted a sleeping hour fire drill since 5/31/17.

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.

See Page 13A #620

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) <i>Tim Perrino P.A. Administrator</i>	Date <i>4.9.18</i>
---	--------------------

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

Plan of correction implementation status as of *5-4-18*
 (Date)

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

2600.132(e)

P + 02/13/2018

Corrective Action: A sleeping fire drill was conducted on 03/15/2018 at 4am.

Education: On 02/13/2018 during our fire safety training I asked the Slippery Rock Fire Chief to educate the staff on the importance of conducting a fire drill during sleep hours at least every six months, as it states in the regulation and in the homes fire drill policy.

Monitoring: I will monitor the fire drills monthly to ensure a sleeping fire drill is conducted once every 6 months. I have also marked it on my September calendar that the next sleeping fire drill will be conducted in September so that I can remind the staff at the beginning of the month to have a sleeping fire drill.



Kim Perrini PCA Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The home used only the front and back doors as evacuation routes for the seven consecutive fire drills conducted from 7/27/17 to 1/21/18.

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.

See Page 14A of 20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nim Romano PCH Administrator</i>	<i>4-9-18</i>

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

Plan of correction implementation status as of *5-4-18*
 (Date)

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

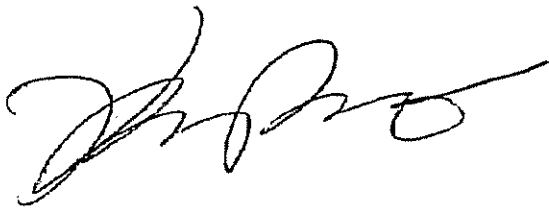
P2-14A-120

2600.132(f)

Corrective Action: On 02/13/2018 during the fire safety training the Slipper Rock Fire Chief used an alternative exit during the fire drill. On 03/15/2018 the side door was used for exiting during the fire drill.

Education: During the fire safety training on 02/13/2018, the fire chief educated the staff on different ways they can change routes of exits during a fire drill. He also educated them on the importance of using alternate exit routes during a fire drill.

Monitoring: I will check the fire drill record each month it is conducted to ensure that the staff is not using the same exit route during the monthly fire drills.



Kim Perrino PCH Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3 annual medical evaluation, signed by physician on 7/17/17, did not include the date in-person medical evaluation took place, date of birth, special health or dietary needs, allergies, body position, health status, cognitive functioning, and mobility need assessment. These sections were blank

Resident #4 annual medical evaluation, completed on 6/6/17, did not include the health status, cognitive functioning, or a mobility needs assessment. 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.

See page 15 of 20

Repeat Violation: No	Date(s) of Previous Violation(s):	04/14/2017	07/27/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Perrino PCH Administrator* Date *4.9.18*

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

Plan of correction implementation status as of *5-4-18*
 (Date)

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

Pap 150 1120

2600.141(b)(1)

Corrective Action: On 04/06/2018 I contacted Primary Health Network and asked them if the doctor would complete Resident #3 and Resident #4's medical evaluation. I faxed both medical evaluations to the office to be resigned and completed. As of April 9, 2018 I have not received the completed forms from Primary Health Network.

Education: I will speak with [REDACTED] resident #3 and #4's case manager, upon her return from vacation at the staff meeting on 04/19/2018 and tell her that all fields on the medical evaluations that I highlight need to be fill out by the physician prior to leaving the appointment.

Monitoring: I checked all medical evaluations on 04/06/2018 in all the resident's files to ensure they are filled out to their entirety. In the future I will fill out all fields that I am permitted to fill out prior to the resident's appointment, I will highlight on the medical evaluation all fields that the physician is required to fill out and check all forms when they return to home to ensure all fields are completed and accurate.



Kim Perrino PCH Administrator 4.9.18

5.4.18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

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 #3 is ordered Benzonatate 100mg every eight hours as needed for cough, however the medication was not available in the home for administration on 1/23/18.

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.

See page 16 A of 20

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Perrinow PCH Administrator* Date *4.9.18*

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

Plan of correction implementation status as of *5-4-18*
 (Date)

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

2600.185(a)

PP 16 8 18 20

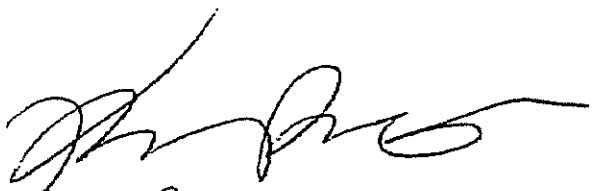
Corrective Action: I called the physician's office and asked them to discontinue resident #3's Benzonatate 100mg tablets for a cough because she no longer has a cough. They faxed me the order over that day to discontinue the medication.

Policy Change: I will add into my medication policy that all PRN medications that a resident has finished and is no longer needed the home will ask for a written order to discontinue the medication.

Education on Policy: I have a staff meeting/training scheduled for 04/19/2018, at this time I will tell the staff about the policy change.

Education: I will educate the staff on 04/19/2018 that they need to report to me if a resident is no longer using a PRN medication to ensure that the medication is discontinued by the physician promptly. I will also educate them that all prescribed medications need to be available at all times whether they are PRN or routine medications.

Monitoring: I will do a medication cart audit immediately and once a month thereafter to ensure all prescribed medications are available to the resident's.



Jim Perrino PCH Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered blood glucose checks once per day. However, the resident did not receive blood glucose checks as ordered on: from 1/1/18 to 1/3/18, 1/5/18, 1/6/18, and 1/9/18.

Resident #2 is ordered blood glucose checks daily. However, the resident did not receive blood glucose checks as ordered on: from 1/1/18 to 1/3/18, 1/5/18, 1/6/18, 1/9/18, 1/16/18, 1/18/18, and 1/22/18.

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.

See Page 17A of 20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nim Remon PCH Administrator	4.9.18

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

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

Page 17 of 20

2600.187(d)

Corrective Action: I will fill out two incident reports and send them to the Department of Human Services for the missed blood glucose levels for resident #1 and #2 on 04/10/2018. In addition I have called their physicians to report the missed checks. I have also updated the forms so that the blood glucose checks are easier to follow.

Education: I had a diabetic training on 02/01/2018 for all staff to be re-educated on caring for residents with diabetes [redacted] from Jameson Hospital came and did the training.

Monitoring: I have reviewed all the documentation for both residents and the staff has improved on doing the blood glucose check daily. I will continue to monitor the documentation during my monthly audits of the medication cart.



Jim Remino FCH Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond

PCH Name: CARITAS

1. REGULATION 56 Pa.Code §2600

2600.225(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 #3 annual assessment, completed on 11/6/17, does not include the resident's medical diagnosis Schizophrenia or Chronic Obstructive Pulmonary Disease.

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.

See Page 19 of 20

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kim Perrino PCH Administrator	4.9.18

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

<p>The above plan of correction is approved as of <u>5-24-18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5-24-18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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2600.225(c)

P# 1800111

Corrective Action: on 03/30/2018 I updated resident #3's annual assessment to include the medical diagnosis Schizophrenia and Chronic Obstructive Pulmonary Disease.

Monitoring: I will check all resident annual assessments to ensure that all fields are completed and correct. In addition I will designate a staff to look over all assessments after I complete them to ensure that all fields are completed and correct.



Kim Perrino PCA Administrator 4-9-18

5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #3 annual support plan, completed on 7/17/17, did not include the care and services the home will provide to meet the resident's needs related to the diagnosis of Bi Polar Disorder. This section was blank.
 Resident #4 support plan, completed on 6/10/17, indicates the resident is diagnosed with schizophrenia and bipolar disorder. However, the resident's support plan does not include the care and services the home will provide to meet the resident's needs related to these diagnoses.

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.

500 pages 19A0120

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kimberly V.H. Administrator</u>	Date <u>4.9.18</u>
--	--------------------

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

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

Page 19 of 20

2600.227(c)

Corrective Action: I have completed all fields on resident #3 and #4's support plan on 03/30/2018.

Monitoring: I will check all residents support plans to ensure that all fields are filled out and correct on 04/09/2018. In addition I will have a designated staff check each new support plan that I complete to ensure all fields are completed and correct.



Kim Remino PCH Administrator 4/9/18
5-4-18

Violation Report: 44133 - 01/23/2018 - Grace, Desmond
 PCH Name: CARITAS

1. REGULATION 56 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #5's initial medical evaluation, completed on [redacted] 17, was documented on a June 2016 form and not the Department's current medical evaluation form.

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.

See pgs 20 & 21

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) <i>Amberino PCH Administrator</i>	Date <i>4-9-18</i>
---	--------------------

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

The above plan of correction is approved as of *5-4-18*
 (Date)

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

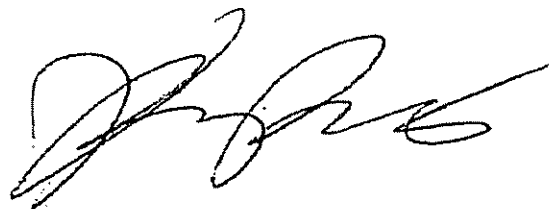
Plan of correction implementation status as of *5-4-18*
 (Date)

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

*Page 20 # 120***2600.251(c)**

Corrective Action: Dr. [REDACTED] was the physician who filled out the medical evaluation, he was a physician for Human Services Center but no longer works there despite my efforts I was unable to find a new location for his employment. Resident #5 parents, who are [REDACTED] POA for medical, come to visit the resident every Thursday, therefore when they come on 04/12/2018 I will give them an updated medical evaluation for [REDACTED] PCP to fill out and return to me.

Monitoring: On 04/06/2018 I checked all resident files to ensure that all up to date forms are used for their medical evaluations. In the future I will be sure to download all required forms off the DHS website to ensure that all forms I use in the home are up to date.



Kim Perrino PCH Administrator 4.9.18
5-4-18

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

PCH Name: CARITAS		License Number: 44133
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Kim Perrino		Region: WEST
Legal Entity Name: HUMAN SERVICES CENTER		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy R-4 07/09/2010 Code Sys Code Consulting		
Staffing Hours Resident Support: 0 Total Daily Staff: 11 Waking Staff: 8		
Type of Inspection: Interim - POC BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2018: Grace, Desmond; Eveges, Joseph		RECEIVED MAY 03 2018 WEST REGION FIELD OFFICE Human Services Licensing
Off-Site Inspection Dates and Inspectors, if Applicable 04/19/2018: Grace, Desmond		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 11 Number of Residents Served: 11 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: 11 Are 60 Years of Age or Older: 5 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44133 - 04/18/2018 - Grace, Desmond
PCH Name: CARITAS

MAY 03 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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

Direct care staff person A started working in the home on 1/10/18. However, the home has not requested a Pennsylvania State Police criminal history background check for direct care staff person A.

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.

See page 2 of 5

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)

Kim Perrino PCH Administrator

Date 5-3-18

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

The above plan of correction is approved as of

5-4-18
(Date)

Plan of correction implementation status as of 5-4-18
(Date)

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

The above plan of correction was approved by

[Signature] (Initials)

2600.51

Corrective Action: A criminal record check for staff person A was completed on 12/07/2018 and I failed to have a copy in her file at the home. I requested her send me a copy of her Pennsylvania State Police Criminal record check on 04/20/2018 and she emailed me proof. I have enclosed a copy.

Education: I have met with the HR department on 04/05/2018 and they are now aware of all personal care home requirements for staff.

Monitoring: I will check all employee files on 05/04/2018 to ensure all employees have Pennsylvania Criminal Record Checks in their files. I will monitor files monthly thereafter.

The home developed and implemented a new policy for new hires and criminal history background checks and created a new hire staff checklist which includes criminal history background checks. 5-2-18

Kim Perrino PCH Administrator  5-3-18
5-4-18

MAY 03 2018

Violation Report: 44133 - 04/18/2018 - Grace, Desmond
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 4/18/17 at 12:50 p.m., a uncovered 33 gallon trash can filled 1/2 with trash and clear bags of plastic bottles, four bags of 1/2 to 3/4 filled with trash item placed on the ground, and multiple plastic bottles was outside of the home behind the large dumpster at the edge of the homes 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.

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)

Timberland PCH Administrator

Date 5-3-18

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

The above plan of correction is approved as of 5-4-18
(Date)

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

Plan of correction implementation status as of 5-4-18
(Date)

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

2600.85(e)

Corrective Action: I had a staff meeting/training on 04/19/2018 and I went over all the details of the exit interview with the staff. This included trash receptacles. I will also buy another trash receptacle for the recyclables to ensure there is enough space to keep them. Documentation is enclosed.

Education: I educated the staff on the importance of keeping the homes inside and outside free from debris.

Monitoring: I will check around the dumpster weekly to ensure there is no garbage or recyclable materials that are on the ground. The staff is also responsible for assisting the residents when they are recycling their plastic and cans to ensure there is no trash outside of the receptacle and that the lid is secure.

*On 4-19-18 Tu home removed the recycle materials.
5-4-18,*

*Kim Perrino PCH Administrator [Signature] 5.3.18
5-4-18*

MAY 03 2018

Violation Report: 44133 - 04/18/2018 - Grace, Desmond
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 is prescribed blood glucose checks daily. However 4/18/18 at 2:09 p.m., the Easy Touch glucometer belonging to the resident was not calibrated to the current date and time. The glucometer indicated 4/21/18 at 6:19 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.

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 5.3.18

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

The above plan of correction is approved as of 5-4-18 (Date)
The above plan of correction was approved by X (Initials)
Plan of correction implementation status as of 5-4-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.185(a)

Corrective Action: I calibrated resident #1's glucometer on 04/19/2018 following the inspection.

Education: During the staff meeting/training on 04/19/2018 I held all staff responsible for making sure that all glucometers being used are calibrated to the correct time and date. If they are not calibrated correctly staff is to report this to me immediately to ensure the safety of the resident(s). Documentation enclosed

Monitoring: The staff will monitor the glucometers daily while checking the resident's blood glucose levels. In addition I will monitor the glucometers on a weekly basis to ensure the correct time and dates are on the glucometers.

Jim Perrino PCH Administrator  5.3.18

MAY 03 2018

Violation Report: 44133 - 04/18/2018 - Grace, Desmond
PCH Name: CARITAS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1's April 2018 medication administration record was not initialed by the staff person administering the medication on 4/9/18 at 8:00 a.m. for Fish Oil 1000mg prescribed twice daily and 4/14/18 at 8:00 a.m. for Cerovite Advanced prescribed daily.

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.

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

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

The above plan of correction is approved as of 5-4-18
(Date)

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

Plan of correction implementation status as of 5-4-18
(Date)


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

2600.187(b)

Corrective Action: During the staff meeting/training on 04/19/2018 I had the staff responsible for not signing for the medications that were administered initial the MAR.

Education: I had my yearly medication training with emphasis on documentation of medication administration. In addition any staff who fails to document properly will be disciplined with a written verbal warning. Documentation is enclosed.

Monitoring: All staff is responsible for performing another MAR review after all residents have received their medications to ensure they have initialed for all medications they administered. I will also monitor the MARs weekly to ensure all have staff have recorded administration of medication at the time the medication is administered.

Kim Perrino PCH Administrator  5.3.18