



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 14 2018

Mr. Steven Tack  
President  
Sugar Creek Rest, Ltd.  
109 Personal Care Lane  
Worthington, Pennsylvania 16262

RE: Quality Life Services - Sugar Creek  
Certificate #: 426810

Dear Mr. Tack:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 24, 2018; May 3, 2018 and June 8, 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](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: Quality Life Services Sugarcreek		License Number: 42681
Address: 109 Personal Care Lane, Worthington, PA 16262		County: Armstrong
Administrator: Diana Jones		Region: WEST
Legal Entity Name: Sugar Creek Rest Limited Partnership		
Legal Entity Address: 109 Personal Care Lane, Worthington, PA 16262		
Certificate(s) of Occupancy I-2 12/01/2015 Worthington Twp		<b>RECEIVED</b>  APR 30 2018  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2018: Garvey, Jody; Hoover, Josh		
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: 47 Number of Residents Served: 23 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: 3 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1

Violation Report: 42681 - 01/24/2018 - Garvey, Jody

PCH Name: Quality Life Services Sugarcreek

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 10:01 AM, the following information was unlocked and unattended in the nurse station office for 22 residents including resident # 1, resident # 2 and resident # 3:

Social security numbers, insurance information, power of attorney information, documentation of medical evaluations, resident assessment and support plans, labs and medical/physician orders.

The licensing inspection summary, dated 1/27/2017, posted in the dining room had the privacy coding still attached and included the names of resident # 4, resident # 5, resident # 6 and resident # 7.

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 2a & 2b of 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *4-30-18*

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

The above plan of correction is approved as of <u>10/29/18</u> (Date)	Plan of correction implementation status as of <u>10/29/18</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SE</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

Page 2a of 14  
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APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.17

Description of violation: At 10:01 am, the following information was unlocked and unattended in the nurse station office for 22 residents including resident #1, resident #2 and resident #3: social security numbers, insurance information, power of attorney information, documentation of medical evaluation, residents assessment and support plans, labs and medical/physician orders.

The license inspection summary, dated 1/27/2017, posted in the dining room had the privacy coding still attached and included the names of resident #4, resident #5, resident #6, and resident #7.

Plan of correction:

The lock on the nurse's station door has been changed by maintenance to be a self-locking lock. Each time staff need entrance into that room they will have to unlock the door. Four keys have been made for this one. There is one on each med cart, totaling two keys. The PC Administrator has one and there is an extra key in the maintenance department.

The licensing inspection summary had the name sheets removed in front of the inspectors during the inspection. The Assistant Administrator has received training on this on 4-24-18 and is aware of how to properly display a licensing inspection summary.

Staff to be educated on this regulation and violation at a staff meeting on 5-4-18.

Djones  
Dianna Jones  
4-30-18

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

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APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.17

Staff Education

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 residents Power of Attorney for health care or health care proxy or a resident's designated person, or if a court order disclosure.

Djones  
Dianna Jones  
4-30-18

APR 30 2018

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugar creek

WEST PENN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 7/31/2017, and staff person B, hired 10/11/2016, have not been trained in any topics specified in §2600.65(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 3a of 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18 (Date)

Plan of correction implementation status as of 10/29/18 (Date)

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

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

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Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.65(a)


Description of violation: Staff person A, hired 7/31/2017, and staff person B, hired 10/11/2016, have not been trained in any topics specified in 2600.65(a).

Plan of correction:

Staff person B was trained on this regulation and also 2600.65 (b) on 10-11-16, please see attached.

Staff person A was trained on this regulation on 4-26-18, please see attached.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person shall develop and implement policy and procedures to ensure all new hires receive training an accordance with §2600.65(a).

 10/29/18

Djones  
Dianna Jones  
4-30-18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

WEST REGION FIELD OFFICE  
Home Care Services Licensing

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  
Staff person A, hired 7/31/2017, and staff person B, hired 10/11/2016, have not been trained in any topics specified in §2600.65(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.

See page 4a of 14

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dianna Jones*      Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

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

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

Quality Life Services Sugar Creek  
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License # 426810

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RECEIVED

APR 30 2018

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

Regulation 2600.65 (b)


Description of violation: Staff person A, hired 7/31/2017, and staff person B, hired 10/11/2016, have not been trained in any topics specified in 2600.65 (b).

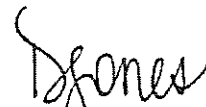
Plan of correction:

Staff person B was trained on this regulation and also 2600.65 (b) on 10-11-16, please see attached.

Staff person A was trained on this regulation on 4-26-18, please see attached.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person shall develop and implement policy and procedures to ensure all new hires receive training in accordance with §2600.65(b).

 10/29/18

  
Dianna Jones  
4-30-18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

APR 30 2018

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The glucometer belonging to resident # 9 was used to measure resident # 8's blood glucose level on 1/22/2018 at 8:00 AM.

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 5a of 14

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mianna Jones*      Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

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

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

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MAY 25 2018

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.85(a)

Description of violation: The glucometer belonging to resident #9 was used to measure resident #8's blood glucose level on 1/22/2018 at 8 am.

Plan of correction:

Resident #9 was purchased a new glucometer at the expense of the home. This resident was in the Skilled Unit at the time of inspection, so this glucometer was purchased when the resident returned to personal care on 2-26-18.

All staff are diabetic educated, but will be reeducated about this violation on 5-4-18.

Jones  
Dianna Jones  
4-30-18

5-25-18  
The glucometers machines are being monitored monthly.

The Administrator was present when education/audit was complete.

Jones  
5-25-18

Immediately: Resident #8's physician shall be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

SE 10/29/18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 10:07 AM, there was a 13 gallon uncovered trash can in the kitchen filled completely to the top with wrappers, coffee cups and paper towels.

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 6a of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*D Jones*

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

*Diana Jones*

Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *Se*

Partially Implemented - Inadequate Progress

Not Implemented

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

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

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RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.85 (d)

Description of violation: At 10:07am, there was a 13 gallon uncovered trash can in the kitchen filled.

Plan of correction:

The trash can without the lid was removed from the kitchen and replaced with a can that the lid cannot be removed from.

Kitchen staff and PC staff to be educated on this regulation by May 10<sup>th</sup>.

Immediately, then at least daily: The administrator or designated staff member shall ensure trash in kitchens and bathrooms is kept in covered trash receptacles that prevent the penetration of insects and rodents.

Jones  
Dianna Jones  
4-30-18

SO 10/29/18

APR 30 2018

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

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

The phone in the kitchen did not have all of the required emergency numbers posted. The only number posted was for 911 emergency services.

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 14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/27/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diana Jones*      Date 4.30.18

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

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

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

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APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.91

Description of violation: The phone in the kitchen did not have all of the required emergency numbers posted. The only number posted was for 911 emergency services.

Plan of correction:

Emergency phone numbers were placed in the kitchen, see attached.

Assistant Administrator or Administrator will audit all phones in the building weekly for 4 weeks then 1x month for 3 months to ensure all phones have proper numbers listed by them.

Staff to be educated on this violation on 5-4-18.

D Jones  
Dianna Jones  
4.30.18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency procedures were 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.

See page 8a of 14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones*      Date *4-30-18*

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

The above plan of correction is approved as of <u>10/29/18</u> (Date)	Plan of correction implementation status as of <u>10/29/18</u> (Date)
The above plan of correction was approved by <u><i>SD</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>SD</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

Regulation 2600.123 (b)

Description of violation: The emergency procedures were not posted in the home.

Plan of correction:

All emergency procedures were immediately posted in the home with the inspectors present.

Staff to be educated on this regulation 5-4-18.

*D Jones*  
*Dianna Jones*  
4-30-18

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APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

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

Resident #10 was admitted on 7/17/2017; however, the resident's initial medical evaluation was not completed until 9/4/2017.

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 9a of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*D. Jones*

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

*Diana Jones*

Date 4.30.18

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

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

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

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

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RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.141 (a) (1)

Description of violation: Resident #10 was admitted on 7/17/2017; however, the resident's initial medical evaluation was not completed until 9/4/2017.

Plan of correction:

All files were audited by Administrator or Designee to ensure compliance. See attached audit. Any medical evaluation not in compliance was brought into compliance immediately by Administrator or Designee. Audit will be done moving forward quarterly.

Jones  
Dianna Jones  
4-30-18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

APR 30 2018

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident # 8 had a medication evaluation completed on 9/3/2017 and the previous medical evaluation was completed on 8/11/2016.

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 10a of 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Diana Jones*

Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

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

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

10a of 14

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.141 (a) (1)

Description of violation: Resident #10 was admitted on 7/17/2017; however, the resident's initial medical evaluation was not completed until 9/4/2017.

Plan of correction:

All files were audited by Administrator or Designee to ensure compliance. See attached audit. Any medical evaluation not in compliance was brought into compliance immediately by Administrator or Designee. Audit will be done moving forward quarterly.

Audit tool in 2600.141 (a) (1) to be used for the violation also.

*D. Jones*  
Dianna Jones  
4-30-18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

APR 30 2018

EAST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 10:01 AM, the following medications were unlocked and unattended in the nursing station/office:  
Resident # 11's Cholecalciferol (D-3) 1000 unit tablets-2 bottles, 100 tablets each  
Resident # 12's Risperidone 2mg, full bottle, 45 tablets  
Resident # 12's Trazodone HCL 50 mg, full bottle, 45 tablets  
Resident # 13's Soft touch, touch accu-check lancets, 3 boxes

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 14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Dianne Jones*

Date 4.30.18

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

The above plan of correction is approved as of 10/29/18  
(Date)

Plan of correction implementation status as of 10/29/18  
(Date)

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

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

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

11a of 14

RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.183(b)

Description of violation: medications were found unlocked and unattended in the nurse's station.

Plan of correction:

The lock on the nurse's station door has been changed by maintenance to be a self-locking lock. Each time staff need entrance into that room they will have to unlock the door. Four keys have been made for this one. There is one on each med cart, totaling two keys. The PC Administrator has one and there is an extra key in the maintenance department.

Staff will be educated on this regulation on 5-4-18.

*D. Jones*  
Dianna Jones  
4.30.18

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

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

The following glucometer readings were documented on resident # 8's January 2018 medication administration record and were not recorded on the resident's glucometer:

- 135, on 1/17/2018 at 4:00 PM
- 261, on 1/16/2018 at 8:00 AM
- 130, on 1/15/2018 at 8:00 AM
- 148, on 1/12/2018 at 8:00 AM
- 109, on 1/8/2018 at 8:00AM

The following glucometer readings were documented on resident # 11's January 2018 medication administration record and were not recorded on the resident's glucometer:

- 235, on 1/20/2018 at 11:30 AM
- 123, on 1/18/2018 at 11:30 AM

Resident # 8's glucometer was not calibrated to the current date and time.

The bottom drawer of the medication cart contained five unlabeled glucometers that were not recently used due to a dead or missing battery. The glucometer brands found were: Accu-check Aviva, Prodigy Autocode, Glucocord Vitel, Prodigy Autocode and One touch Ultra

Resident # 12's Ibuprofen tablet 800 MG – Give 1 tablet by mouth every 8 hours as needed for pain, was not present 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.*

See page 12a of 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones* Date *4.30.18*

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

The above plan of correction is approved as of <u>10/29/18</u> (Date)	Plan of correction implementation status as of <u>10/29/18</u> (Date)
The above plan of correction was approved by <u><i>SD</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

12a of 14  
RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 2600.185(a)

Description of violation: Glucometer readings were documented on the emar and were not on the residents glucometer.

Resident #8 glucometer was not calibrated to the current date and time.

The bottom drawer of the med cart contained 5 unlabeled glucometers that were not recently used due to a dead or missing battery. The glucomter brands founds were: Accu-check Aviva, Prodigy Autocode, Glucocord Vitel, One touch ultra.

Resident #12's ibuprofen tablet 800 mg—give 1 tablet by mouth every 8 hours as needed for pain, was not present in the home.

Plan of correction:

All unlabeled glucometers were thrown out.

All glucometers were calibrated to the correct date and time. This will be checked monthly by midnight staff.

Staff that pass meds will audit the med carts to ensure all meds are present in the home and match the MAR. This will be done weekly for 4 weeks then monthly.

Resident #12's ibuprofen was ordered from pharmacy and is in the med cart.

*D Jones*  
Dianna Jones  
4.30.18

APR 30 2018

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
 PCH Name: Quality Life Services Sugarcreek

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person A received initial medication administration training 8/2016 and has not successfully completed the Department-approved medications administration course annual practicum for 2017 or 2018. Staff person A administered medication in January 2018 to multiple residents to include:

Resident # 10 1/1/2018 - 1/5/2018; 1/8/2018-1/11/2018, 8:00 AM  
 Donepezil HCl tablet 10 mg, Cyanocobalamin Liquid 1000 MCG/ML, Fenofibrate tablet 145 mg and Lisinopril tablet 10 mg.

Resident # 8 1/17/2018-1/18/2018; 1/24/2018, 8:00 AM  
 Escitalopram Oxalate tablet 10 mg, Furosemide tablet 20 mg, Lisinopril tablet 20 mg, Lantus Solostar Solution Pen-inject 40 units subcutaneously 2 times per day.

Staff person B received initial medication administration training 11/29/2016 and has not successfully completed the Department-approved medications administration course annual practicum for 2017 or 2018. Staff person B administered medication in January 2018 to multiple residents to include:

Resident # 11 1/15/2018, 8:00 AM  
 Cholecalciferol tablet 1000 unit, Furosemide tablet 40 mg, Galantamine Hydrobromide ER 16 mg, Spironolactone tablet 25 mg.

Resident # 12 1/1/2018-1/5/2018; 1/22/2018 8:00 AM  
 Divalproex Sodium ER Tablet, Effexor 150 mg, Buspirone HCl tablet 5 mg, Ferrous Sulfate tablet 325mg, Omeprazole Capsule 20 mg, and Oxybutynin Chloride 5 mg.

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 of 14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/27/2017
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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) *Marian Jones* Date *4-30-18*

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

The above plan of correction is approved as of 10/29/18 (Date)

Plan of correction implementation status as of 10/29/18 (Date)

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

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

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

Regulation 2600.190 (a)

Description of violation: Staff person A and B did not receive their annual practicum for 2017 or 2018.

Plan of correction

Staff person A and B will have their practicums brought into compliance by 5-11-18.

Medication Administration Instructor Dianna Jones will audit all employees who pass medications to ensure that they are all in compliance with med reviews and observations. Any found to be out of compliance will be brought into compliance by 5-31-18.

An audit will be complete quarterly to ensure all staff that pass medications will remain in compliance.

*Jones*  
*Dianna Jones*  
*4.30.18*

RECEIVED  
APR 30 2018  
WEST REGION FIELD OFFICE  
Human Services Licensing

EAST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42681 - 01/24/2018 - Garvey, Jody  
PCH Name: Quality Life Services Sugarcreek

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

2a. DESCRIPTION OF VIOLATION

The following residents' support plans were not signed by the residents and did not indicate that the residents refused to sign or were unable to sign:

- Resident # 10, dated 7/27/2017
- Resident # 8, dated 9/7/2017
- Resident # 12, dated 5/1/2017
- Resident # 11, dated 8/29/2017

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 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dianna Jones</i>	<i>4.30.18</i>

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

The above plan of correction is approved as of <u>10/29/18</u> (Date)	Plan of correction implementation status as of <u>10/29/18</u> (Date)
The above plan of correction was approved by <u><i>Se</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Se</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Quality Life Services Sugar Creek  
109 Personal Care Lane  
Worthington, Pa 16262  
License # 426810

14a of 14

Regulation 2600.227 (g)

Description of violation: Residents 10, 8, 12, 11 support plans were not signed by the residents and did not indicate that the residents refused to sign or were unable to sign.

Plan of correction:

All residents will be educated on signing the RASP with appropriately dated RASP's being signed by 5-31-18. Residents will not be asked to sign RASP's that are out of the regulation timelines. All residents will either sign or have their refusal noted on each RASP moving forward. Signature or refusals will be documented by Administrator or Designee.

*D. Jones*  
Dianna Jones  
4.30.18

RECEIVED

APR 30 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

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

PCH Name: Quality Life Services, Sugarcreek		License Number: 42681
Address: 109 Personal Care Lane, Worthington, PA 16262		County: Armstrong
Administrator: Patricia Titus		Region: WEST
Legal Entity Name: Sugar Creek Rest Limited Partnership		<b>RECEIVED</b>
Legal Entity Address: 109 Personal Care Lane, Worthington, PA 16262		08/20/18
Certificate(s) of Occupancy I-2 12/01/2015 Worthington Twp		Western Region Field Office Bureau of Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 05/03/2018: Garvey, Jody 06/08/2018: Garvey, Jody; Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 24 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: 4 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 9 Have a Physical Disability: 0

Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
 PCH Name: Quality Life Services, Sugarcreek

Bureau of Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The home's staffing schedule indicates 1 staff person routinely works the 10:00 PM-6:00 AM shift Monday through Friday to include the following dates in 2018:

- \* 4/30-5/4
- \* 5/7-5/11
- \* 5/14-5/17
- \* 5/21-5/25
- \* 5/28-6/1

In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision needs of the residents. The home currently serves 24 residents and staff person C, administrator, has identified 9 residents with mobility needs including 1 resident as needing 2-person assistance in transferring and 1 resident with a mobility need due to a cognitive impairment.

**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.*

Two people have been put on midnight for 2 person assist resident.

In the future if a resident is assessed to be two person assist staffing will be properly staffed for it. Residents will be assessed as needed for mobility needs and staffing will be adjusted accordingly.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Patricia L. Titus

Date 8/20/2018

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

The above plan of correction is approved as of 10/29/18  
 (Date)

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

Plan of correction implementation status as of 10/29/18  
 (Date)

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

Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sugarcreek

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
The home did not conduct a fire drill during the month of May 2018.

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.

Backup documentation of May fire drill - documentation was located in another binder. Environmental Services Director will not use documentation from computer documentation. Drills will be listed in original fire drill book and also in a separate binder at Meadow Lake Manor. Please see attached.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Dee Hillberry*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dee Hillberry*      Date *8/17/18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

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

Plan of correction implementation status as of 10/29/18  
(Date)

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

Violation Report: 42681 - 05/03/2018 - Garvey, Jody

PCH Name: Quality Life Services, Sugarcreek

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's maximum safe evacuation time as determined by a fire safety expert on 7/20/17 is 3 minutes 6 seconds. However, the home exceeded this maximum safe evacuation time during the following fire drills:

<u>Date</u>	<u>Time</u>	<u>Evacuation Time</u>
1/25/18	1:30 PM	3 minutes 18 seconds
2/20/18	3:45 PM	3 minutes 18 seconds
3/20/18	6:00 AM	3 minutes 30 seconds
4/30/18	1:00 PM	3 minutes 30 seconds

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.

Environmental services will educate employees that there is a certain time set by the fire safety expert that you have to evacuate all residents. New time was set at annual fire inservice. Documentation attached. If the time of evacuation is not within the fire safety experts time drill will be repeated and documented.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dee Hillberry* Date *8/17/18*

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

The above plan of correction is approved as of 10/29/18 (Date)

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

Plan of correction implementation status as of 10/29/18 (Date)

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

Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sugarcreek

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

One staff person is routinely scheduled to work the 10:00 PM -6:00 AM shift on Monday through Friday. However, more than 1 staff person participated in the following fire drills:

- \* 2 staff on 12/7/17 at 4:00 AM
- \* 3 staff on 9/11/17 at 5:15 AM

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.

*Environment Service Director will educate staff that if they are not punched in they can not help with the evacuation during a fire drill.*

Immediately: The administrator or designated staff person shall ensure adequate staff are available at all times, to include the 10:00 PM – 6:00 AM shift, to evacuate all residents, to include those with mobility needs, safely from the building in the event of a fire drill or fire.

*SO* 10/29/18

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dee Hillberry* Date *8/17/18*

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

The above plan of correction is approved as of 10/29/18  
(Date)

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

Plan of correction implementation status as of 10/29/18  
(Date)

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

Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
 PCH Name: Quality Life Services, Sugarcreek

Western Region Field Office  
 Bureau of 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 #1 is prescribed Triamcinolone Acetonide Cream 0.1% - Apply small amount of 0.1% topically twice a day to affected areas. Apply to rash on right leg 1-2 times per day for 2 weeks, starting 4/5/18, then only use it when your leg is itchy. However, the resident's April 2018 medication administration record (MAR) indicates Triamcinolone Acetonide Cream 0.1% - Apply to right leg topically two times a day for rash.

**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.*

Medicine was changed to as needed on 5/3/2018

Staff to audit meds weekly for 4 weeks and then monthly for the future to ensure that residents medicine, perscription, and mars match. Administrator will monitor dc'd meds weekly.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Patricia L. Titus

Date 8/20/2018

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

The above plan of correction is approved as of 10/29/18  
 (Date)

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

Plan of correction implementation status as of 10/29/18  
 (Date)

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

Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
 PCH Name: Quality Life Services, Sugarcreek  
 Western Region Field Office  
 Bureau of Human Services Licensing

**1. REGULATION 55 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**  
 Medical progress notes, dated 5/10/18, for resident #1 indicate diagnoses of left leg cellulitis and edema as well as 2 open areas to the lateral left calf. The resident's current assessment, dated 3/28/18, does not include 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.*

Resident assment was updated for resident # 1

The staff will be inserviced on regulation 2600.225(c) that an assment needs completed if the condition of the resident changes prior to the annual assessment. They will be inserviced on September 7,2018

The administrator or designated staff person will review all current and newly completed assessments for accuracy and completion by September 30,2018.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/27/2017		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia L Titus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patricia L. Titus	Date 8/20/2018
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/29/18</u> (Date)  The above plan of correction was approved by <u><i>SP</i></u> (Initials)	Plan of correction implementation status as of <u>10/29/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42681 - 05/03/2018 - Garvey, Jody  
 PCH Name: Quality Life Services, Sugarcreek

Western Region Field Office  
 Bureau of Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

On 5/10/18, resident #1 was prescribed a dressing and ace wrap for open areas with drainage and edema of the left leg. However, this is not indicated on the resident's current support plan, dated 3/28/18.

Staff person C, administrator, indicated resident #2 requires the assistance of 2 staff persons to evacuate in an emergency. However, this is not indicated on the resident's most recent support plan, dated 11/27/17.

**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.*

Resident support plan was updated for resident #1 and #2

The staff will be inserviced on regulation 2600.227(d) that a assessment needs completed or updated if the condition of the resident changes prior to the annual assessment. Will be inserviced on September 7, 2018

The administrator or designated staff person will review all curent and newly completed assesments for accuracy and completion.

We are working with resident #2 insurance company and Doctor to have her evaluated and assessed to see if she is still a a 2 person assist.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Patricia L Titus*

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

Patricia L. Titus

Date

8/20/2018

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

The above plan of correction is approved as of 10/29/18  
 (Date)

Plan of correction implementation status as of 10/29/18  
 (Date)

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

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