



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**MAILING DATE: July 6, 2018**

Mr. Kevin M. McCollum  
Member  
Care HSL Belle Reve OPCO LLC  
404 East Harford Street  
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center  
License #: 225130

Dear Mr. McCollum:

As a result of the Department's Bureau of Human Services Licensing inspection on February 9, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: BELLE REVE SENIOR LIVING CENTER		License Number: 22513
Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		County: Pike
Administrator: Travis Martin		Region: NORTHEAST
Legal Entity Name: CARE HSL BELLE REVE OPCO LLC		
Legal Entity Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		
Certificate(s) of Occupancy C-1 03/27/2002 DOH		
Staffing Hours Resident Support: 0	Total Daily Staff: 63	Working Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/09/2018: Novak, Ryan		
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: 65 Number of Residents Served: 42 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 19 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0	

*(Handwritten initials)*

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 Resident #1 did not receive bedtime medications on 2/3/18, the home did not submit an incident report to the Department regarding the medication error.

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.

With respect to Regulation 2600.16 (c) and Respect to the resident, Doctor and family were made aware of Evening medications not administer per MD order. Reportable submitted [redacted] DHS approved Medication Trainer re-educated medication technician's during re-cert and annual training February and March of 2018 on the importance of compliance with medication time and emphasis on following directions as per MD order. [redacted] and PC and MC coordinators will continue to evaluate staff for compliance through MAR audits and trainings. RCD/designee will submit reports to DHS per regulated time frame. As of 4/12/18, medication errors will be submitted within the regulatory timeframe.

*Administrator will ensure all staff are trained in every one of the 19 events that are reportable, as well as ensure there is a system in place to submit reports timely on nights, weekends and holidays. A.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/01/2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Trevin Martin*      Date *4/12/2018*

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

The above plan of correction is approved as of 7-3-18 (Date)

Plan of correction implementation status as of 7-3-18 (Date)

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

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 It has been determined through staff interviews that Resident #1 was found sitting in the residents bowl movement naked in a wheelchair on the morning of 12/7/17. Interviews indicated that the 3rd shift staff members left the resident for 1st shift to take care of instead of providing the necessary care. Resident #1 was not treated with dignity and respect.

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.

With Respect to Regulation 2600.42 (C) and Respect to Residents, in-service was conducted to educate nursing staff on resident's rights with emphasis on dignity and respect. OAPSA training was completed 4/5/18 abuse/residents' rights by the Pike County AAA Director. Med Tech and coordinators will complete random room checks weekly.

*Administrator will oversee to ensure ongoing compliance. Of*

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 7-3-18 (Date)  
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 7-3-18 (Date)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

2 tubes of colgate toothpaste, a bottle of Aveno lotion, and gold bond body powder was located unlocked and accessible in Room #326. The products were labeled "if swallowed get medical help or call the poison control center immediately." The residents reside on the secured memory care unit and are unable to safely handle and identify poisonous materials.

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

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

With Respect to Regulation 2600.82 (C) and Respect to Resident's residing in SDCU, Poisonous materials were removed form room 326 upon inspection and locked in a cabinet. The staff assigned to work in the SDCU were educated on the regulation and full inspection of the department was completed. Med room cabinet is the new location and in place to store resident's personal supplies that may be poisonous to residents. Memory Care Coordinator and Community Marketing Department staff will educate families to the regulation upon admission and ongoing as supplies maybe brought in at request of resident.

*Administrator will oversee to ensure ongoing compliance. A.*

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)

*Travis Marten*

Date

*4/12/2018*

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

The above plan of correction is approved as of

*7-3-18*  
 (Date)

Plan of correction implementation status as of

*7-3-18*  
 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; Insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

It has been determined through staff interviews that direct care staff member A will administer Resident #1's medication on a spoon of ice cream. Staff member A is not trained to administer medications.


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.*

With Respect to Regulation 2600.182 (b) and Respect to Residents, Nursing department staff were re-educated by PC and MC Nursing Coordinators on whom in the community by regulation can administer medications. (See attached training form), All medication technicians were in-serviced by [redacted] DHS approved Medication Technician Trainer in each recertification course and with new medication technicians during the training courses in February and March of 2018. [redacted] will continue with each course to educate on the importance of the regulation. RCD/designee will randomly observe med pass weekly.

*Administrator will oversee to ensure ongoing compliance. Q*


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) *Travis Mountain* Date *4/13/2018*

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

The above plan of correction is approved as of 2-3-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 2-3-18  
 (Date)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

It has been determined through staff interviews that Resident #1's medications will be crushed and sprinkled on ice cream prior to the administration of the medications. Resident #1 does not have an order for the medications to be crushed.

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.*

With Respect to Regulation 2600.182 (C) and Respect to Residents, Order is in place for medication to be crushed 2/14/18 (see attached order). Nurse and or PC and MC coordinators will obtain doctors' orders when necessary to crush medications. Med crush orders will reflect on the MAR, RCD/designee will randomly observe med pass weekly for med crush orders.

*Administrator will oversee to ensure ongoing compliance. Q.*

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>Travis Martin</i>	Date <i>4/12/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-3-18  
 (Date)

Plan of correction implementation status as of 7-3-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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's eliquis does not include a diagnosis or purpose on the MAR.

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

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

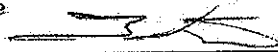
With Respect to Regulation 2600.187 (a) and Respect to Residents, the resident 1 medication was discontinued in December 2017. All resident MAR's were checked to reflect the required diagnosis per each medication prescribed March 2018. Education was presented to Pharmacy, Medication Technicians, coordinators and Nurse to verify the MAR's with each new order. Nurse will verify each new order to reflect the diagnosis has been entered prior to approving a medication order each shift. Nurse will pull new orders to review for compliance.

*Administrator will also perform random checks in order to ensure the policy is enforced and effective. Of*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/18/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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


Travis Martin

Date 4/12/2018

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 (Date)

The above plan of correction was approved by   
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for a PRN lorazepam cream every 6 hours. The cream was administered on 12/6/17 at 4:39pm and 12/6/17 at 10:25pm.

Resident #1 did not receive the prescribed bedtime medications on 2/3/18.

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.

With Respect to Regulation 2600.187 (d) and Respect to Residents, [REDACTED] DHS approved Medication Trainer re-educated medication technician's during re-cert and annual training February and March of 2018 on the importance of compliance with medication time and emphasis on following directions as prescribed. [REDACTED] and PC and MC coordinators will continue to evaluate staff for compliance through MAR audits and trainings. Coordinators will complete MAR audits weekly.

*Administrator will oversee to ensure ongoing compliance. O*

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>Travis Martin</i>	Date <i>4/12/2018</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>7-3-18</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7-3-18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

It has been determined through staff interviews that Resident #1's medications are crushed and sprinkled on top of ice cream and given to Resident #1. Resident #1 is unaware the medication is on the ice cream prior to administration. The resident is not being given the opportunity to refuse medications as required.

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

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

With Respect to Regulation 2600.191 and Respect to Residents, PC and MC coordinators and medication Technicians were educated on the verbalization of how medications are offered to residents. The medication staff acknowledged the importance of explaining why the medication ordered and its purpose. Staff will be re-educated during medication re-certs and ongoing trainings by [redacted] DHS medication Trainer, RSD, Nurse, PC and MC coordinators. RCD/designee will randomly observe med pass weekly.

*For the administration PRN Medications data will be completed on the back of the MAR to ensure all required info is recorded. Cf.*

*Administrators will oversee to ensure ongoing compliance.*

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) *Travis Novak*      Date *4/12/2018*

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

The above plan of correction is approved as of 7-3-18  
 (Date)

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

Plan of correction implementation status as of 7-3-18  
 (Date)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for a PRN lorazepam cream every 6 hours for anxiety. The resident has a history of problematic behaviors. The staff members will tell resident #1 that the medication is a lotion for dry skin that will make the resident feel better. The staff members are administering a medication without the residents knowledge in order to control the residents behaviors.

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.

With Respect to Regulation 2600.202 (4) and Respect to Residents, PC and MC coordinators and medication Technicians were educated on the verbalization of how medications are offered to residents. The medication staff acknowledged the importance of explaining why the medication ordered and its purpose. Staff will be re-educated during medication re-certs and ongoing trainings by [redacted] DHS medication Trainer, RSD, Nurse, PC and MC coordinators. RCD/designee will randomly observe med pass weekly.

*Baseline behavior will be noted in the RASP and staff will be educated on observing & assessing the resident's behavior - details of administration of the PRN will be noted on the back of the MAR including preliminary steps/efforts made to assist the resident prior to administering the L.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/01/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Travis Martin*

Date:

*4/12/2018*

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

The above plan of correction is approved as of

7-3-18  
 (Date)

Plan of correction implementation status as of

7-3-18  
 (Date)

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

The above plan of correction was approved by

9  
 (Initials)

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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  
 Resident #1's RASP dated 10/8/17 has not been updated to reflect the residents fractured pelvis, PT/OT, frequent falls, the residents aggressive behaviors towards staff and residents and other problematic behaviors.

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.

With Respect to Regulation 2600.227 (d) and Respect to Residents, the attached 2/19/2018 resident RASP was updated to reflect the changes that occurred on 11/09/2017. RASP will be completed and reflect changes in care that occur by PC and MC coordinators. RCD will verify updated changes prior to submitting in Tabula Pro.

*Adm E. RCD will ensure there is a system to capture information regarding resident changes, including communication along staff lines, in order to fully meet resident needs.  
 Adm will oversee to have ongoing compliance.*

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

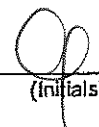
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Travis Martin*      Date *4/12/2018*

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

The above plan of correction is approved as of 7-31-18  
 (Date)

Plan of correction implementation status as of 7-31-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22513 - 02/09/2018 - Novak, Ryan  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the door across from Room #317.

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.

With Respect to Regulation 2600.233 (C) and Respect to Residents, this community uses pictures to include the code to unlock the egress door in RCDU. Picture was replaced day of inspection and continues to be posted. 11-7 Med Tech will check for placement nightly and will notify maintenance when the picture no longer will adhere to the wall or code is changed. Attached is picture of the required regulation.

*Administrator will oversee to ensure ongoing compliance. A.*

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

7-3-18  
 (Date)

Plan of correction implementation status as of

7-9-18  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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