



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to GLENCREST MANOR INC  
LEGAL ENTITY

To operate GLENCREST MANOR  
NAME OF FACILITY OR AGENCY

Located at 115 GLENCREST ROAD, COATESVILLE, PA 19320  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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 13  
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 August 13, 2018 until February 13, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **197801**

*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

HS 628 -- 2/18cse



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 13 2018**

Ms. Barbara Martinez  
Administrator  
Glencrest Manor, Inc.  
P.O. Box 1204  
Coatesville, PA 19320

RE: Glencrest Manor  
115 Glencrest Road  
Coatesville, PA 19320  
License #: 197801

Dear Ms. Martinez:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 13, 2018 and May 23, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 197800 dated July 22, 2018 to July 22, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

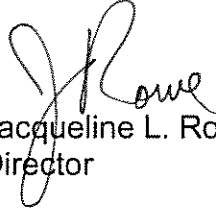
If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Barbara Martinez

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 56 Pa.Code §2600  
 2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

2a. DESCRIPTION OF VIOLATION  
 The administrator did not review and explain the contract to resident # 1.

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.

Contract for resident #1 was reviewed with the resident and family but not signed. Residents contract was signed on february 14, 2018. To correct this in the future paperwork will be signed and dated immediately at admission and checked by the Administrator. All charts will be checked on a monthly basis for all signatures and proper documentation by administrator and other staff.

Monthly reviews will be documented and maintained for Department review.  
 K.W. 7/26/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator* Date *5-15-18*

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

The above plan of correction is approved as of <u>7/26/18</u> (Date)	Plan of correction implementation status as of <u>7/26/18</u> (Date)
The above plan of correction was approved by <u>K.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 56 Pa.Code §2000  
 2000.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident # 1 was not signed by the resident.

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

Contract for resident #1 was reviewed with the resident and family but not signed. Residents contract was signed on february 14, 2018. To correct this in the future paperwork will be signed and dated immediately at admission and checked by the administrator. All charts will be checked on a monthly basis for all signatures and proper documentation by administrator and other staff.

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2600.60(a)

Page 4<sup>th</sup> of 15

2/1/18 - staff member A was not scheduled

2/2/18 - med tech gave out meds @ 6am

2/3/18 - Administrator came in to give  
8pm meds

2/5/18 - Administrator came in to give  
out 5pm + 8pm meds

2/7/18 - Med tech gave out 6am meds.

K.W. 7/26/18

Barbara Martinez  
Barbara Martinez, Administrator

Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 66 Pa.Code §2800  
 2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION:  
 On 2/13/18 at 2:30 pm there was no thermometer in the 2nd freezer on the 1st floor in the main 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.

I disagree with this Violation on 2/13/18, there was a thermometer in the freezer, the inspector and administrator had found it when it had fallen down to the bottom of the freezer. Temperatures are checked weekly on all refrigerators and freezer, the thermometer was in the deli drawer. To make sure the thermometers are always in the proper places the kitchen staff cleans the refrigerator and freezers weekly and will take the weekly temperatures. Administrator will place a thermometer in the 2<sup>nd</sup> freezer on the 1<sup>st</sup> floor main kitchen immediately. The administrator will check all freezers weekly to make sure thermometers are in the freezers. These checks will be documented and maintained for Department review. K.W. 7/26/18

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator*      Date *5-15-18*

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

Violation Report: 10780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 85 Pa.Code §2000  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 02/13/18 at 2:36 pm a package of frozen turkey butts with an expiration date of 12/18/14 was located in the home's basement freezer.

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

On 2/13/18 the outdated turkey butts were thrown out. All refrigerators and freezers were then re-checked for any outdated items. All dates will be checked on all food items before purchasing new foods and will rotate most recent foods purchased from new to old. I have since designated certain staff to check for these items weekly and to disquard of all outdated foods.

The weekly checks will be documented and maintained for Department review.  
 K.W. 7/26/18

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

Plan of correction Implementation status as of 7/26/18  
 (Date)

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 (Initials)

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

Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 On 2/13/18, there was an accumulation of lint in the lint trap of the dryer located in the basement

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

On 2/13/18 the lint trap was cleaned, staff is not permitted to use the dryer and the dryer has not been used for years. All laundry is done off premises, without my knowledge a staff member was using the dryer overnight to do laundry. I have since then let staff know to not use the dryer without permission of the administrator. If the dryer does need to run staff will clean out the lint trap after using. The Maintenance staff will check the dryer trap weekly to make sure it is cleaned. cleaning the lint trap will be put on the Maintenance check list and followed up by the administrator.  
 weekly checks will be documented and maintained for Department review.  
 K.W. 7/26/18

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 10780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 65 Pa.Code §2800

2800.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire drill observed by a fire safety expert was conducted on 11/4/18

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

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.

Fire Drill was conducted by a fire safety expert on 12/14/17 which was 13 months prior to the last drill. The Chester County Fire department had changed their training system and it took longer than expected to get a training date for all staff to be trained. In the future I will request a list of available dates to ensure there is enough time to meet the annual training date for all staff to be trained. We will get a list of their available dates ahead of time to avoid not getting a date in time for the training. Administrator will schedule a fire safety inspection and fire drill with a fire safety professional immediately. K.W. 7/26/18

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Violation Report: 19700 - 02/13/2018 - Parker, Shawn  
 PCI Name: GLENCREST MANOR

1. REGULATION 68 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The front exit was used during fire drill conducted on:  
 1-19-18  
 12-14-17  
 11-20-17  
 10-18-17  
 09-16-17  
 08-31-17  
 07-29-17  
 06-23-17  
 05-16-17  
 04-12-17  
 Please alternate exits during fire drills

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.  
 Used during the monthly fire drills prior to the inspection, we are now using all 4 exits. The front, back, kitchen and office doors. Fire drills are conducted monthly to educate the residents and staff on how to safely evacuate in case of a fire or emergency. To prevent this violation from reoccurring again staff has been trained to use all exits for the monthly drill, and to document all fire drills. Different exits will be used during fire drills from month to month, alternating the exit routes. Administrator will review fire drills monthly to ensure they are alternating exit routes. K.W. 7/26/18

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Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 85 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident # 2 dated 10/23/17 does not include the Addendum Sheet that includes the following:  
 Resident Information  
 Evaluation Information  
 Diagnoses  
 Needs Addendum  
 Medication addendum

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.

For resident # 2 MA-51 was completed but DME was not. The inspectors educated myself on what forms are to be completed for certain situations, resident # 2 DME has since been completed. To ensure this does not happen again all staff will be trained and educated on what papers are required for all yearly physicals and evaluations and checked off by administrator and staff to ensure all papers are completed correctly.

\*See Attached \*

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2600.(141)(a)(2)

10 of 15

We will have a list of the proper forms to use for each resident.

Private pay residents will use the DME form and the SSI residents will use the DME form and the MA-51 form, this is to ensure we are using the proper forms each year.

K.W. 7/26/18

Barbara Martinez  
Barbara Martinez, Administrator

Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2 last medical evaluation was completed on 10/23/17, however no medical evaluation was completed at all in 2018.  
 Resident # 3 last medical evaluation was completed on 01/25/18. The prior medical evaluation was completed 12/20/16.

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.

Medical evaluations for resident #2 and #3 were both completed just not in the allotted time frame. Both evaluations will be completed within the time frame allowed when the evaluations are due. All staff will be trained to check and review all paper work required for each resident and have them complete by the due date. To avoid this in the future there will be a list on all residents with their due dates for the medical evaluations to check monthly. Administrator will check behind staff and sign off that it was completed. Training and monthly checks will be maintained for Department review. 10/1/18

Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

**1. REGULATION 68 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**

The medication administration record for resident # 1 does not include polymyxin b-trimethoprim.

**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 #1 is on many eyedrops which he has been put on throughout since December, with some being discontinued than added back on. Polymyxin-b was written twice and discontinued. The order has since been added back effective 2/13/18 to ensure this will never happen again. Medication trained staff will check the medicine against the medication log and make any necessary changes. med tech will check in all medications against the pharmacy log at the beginning of every month along with daily checks.

Report Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Barbara Martinez*

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Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.107(b) - The information in § 2600.107(a)(13) and § 2600.107(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 is prescribed Ofloxacin solution 0.3% 4 times a day. There is no documentation the medication was administered.

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 #1 ofloxacin was not added into the medication log. Error was corrected on 2/13/18. To make sure this violation does not happen again, med tech will check all the medication against the medication log and pharmacy log, along with doing daily checks on all medications. In the event that this happens again we will request a clear print out from the pharmacy. There was many duplicate orders and discontinued orders that were given on the medication log that was confusing to both pharmacy and Glencrest, in the future we will ask for a clear MAR. *Administrator will check MARs weekly to see if all meds are being administered properly. K.W. 7/26/18*

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Violation Report: 19780 - 02/13/2018 - Parker, Shawn  
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2800  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 The preadmission form for resident # 1, admitted 12/1/17 is incomplete.

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.

*Preadmission*  
 Screening for resident # 1 was fully completed on 2/14/18. To ensure this does not happen again, staff will make a folder for admissions with all paperwork required for admissions for a new resident and all paperwork will be completed in the appropriate time. Administrator will check all paperwork along with staff on a monthly basis for all forms to be complete. We will make a checklist of all required forms for admission. In the future we will ask the referring agency to complete the pre-admission screening. *Monthly checks will be documented and maintained for Department review. K.W. 7/26/18*

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Plan of correction implementation status as of 7/26/18  
 (Date)

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

1. REGULATION 65 PII, CCL to §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

Pages 4 through 12 of resident # 2's support plan, dated 0/6/17, are blank. The resident's support plan was not revised.

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 #2 Support plan was not complete due to resident being in and out of the hospital and rehab for a back injury. Her support plan was completed as of 2/15/18. To avoid this in the future there will be a list made up of all residents required yearly paperwork to be completed in the time frame allowed. Administrator will check the list and the charts to make sure all paperwork is complete, along with staff to do monthly chart checks.

Administrator will check all support plans for completion. These audits will happen on a quarterly basis. The audits will be documented and maintained for Department review. K.W. 7/26/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator*      Date *5-15-18*

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

The above plan of correction is approved as of	<u>7/26/18</u> (Date)	Plan of correction implementation status as of <u>7/26/18</u> (Date)
The above plan of correction was approved by	<u>K.W.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented



Violation Report: 19780		05/23/2018 - Gray, Dean	
PCH Name: GLENCREST		MANOR	
1. REGULATION 55 Pa.C.S. Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.			
2a. DESCRIPTION OF VIOLATION - On 05/23/18, the temperature in the kitchen freezer was reading between 20-30 degrees farenheit.  - On 05/23/18, there was no thermometer in the basement freezer box #1.			
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>The kitchen freezer has since been serviced and has been reading temperatures of -10°F. Designated staff has been checking all temperatures weekly and logging them in a temperature log book. Thermometer also had to be replaced. There was a thermometer in downstairs freezer, it had just fallen all the way to the bottom. Thermometer will have to be put in a container in the middle freezer so it can easily be retrieved for reading. If any thermometer breaks or gets lost, it will be replaced immediately. All staff will make sure thermometers are present in all refrigerators and freezers. <i>Temperature log books will be monitored monthly by the administrator. Documentation of the Administrator's monitoring and weekly staff monitorings will be maintained for Department review. K.W. 7/24/18</i></p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Barbara Martinez</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>7-17-18</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by	<i>K.W.</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

*Administrator will place a thermometer in the freezer immediately. K.W. 7/26/18*

Violation Report: 15780 PCH Name: GLENCREST	05/23/2018 - Gray, Dean MANOR
1. REGULATION 55 Pa. Code §2600 2600.103(l) - Outdated	or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 05/23/18, the following food items were found in the home's refrigerator and freezer storage areas;  
 a frozen chicken with a sell by date of 03/10/17,  
 a pack of Giant brand frozen pork ribs with a sell by date of 08/09/18,  
 an Acme turkey breast packaged on 03/29/17  
 two boxes of Devour lasagna with a best by date of 03/29/17,  
 a box of Bubba Burgers with a best by date of 03/25/17.

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.

As of 5/24/18, all outdated foods have been discarded. All refrigerators, freezers and food storage areas will be checked weekly to check all dates on all items and if they are outdated, they will be thrown away. We will have designated staff to rotate food items weekly in freezer and shelves and also check dates. All food item dates will be checked before purchased and brought into the home. Weekly checks will be done by designated staff and documented. All checks will be reviewed monthly by administrator and documented. All checks will be maintained for Department review. K.W. 7/24/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018
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Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator* Date *7-17-18*

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Violation Report: 19780		05/23/2018 - Gray, Dean	
PCH Name: GLENCREST		MANOR	
1. REGULATION 65 Pa.C. Code §2600 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.			
2a. DESCRIPTION OF VIOLATION The last fire safety inspection observed by a fire safety expert was conducted on 12/14/17. Several deficiencies were noted during this inspection and the home, to date, has not taken any measures to correct deficiencies. A fire drill was not conducted during this inspection due to weather conditions. The last fire drill observed by a fire safety expert was conducted on 11/01/18.			
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. As of 7/1/18 all deficiencies have been fixed that were sited by the trained fire expert. Fire drill was not conducted due to it being icy outside. The trained fire expert did do an annual training with all staff and staff received a certificate. To avoid this violation in the future we will continue to get annual fire safety training and correct any deficiencies that they might find immediately. If for some reason the weather might be bad, we would have the trainer come back to the house to do a drill, as soon as possible to be compliant. To ensure we have the training done in the proper time frame we will allow plenty of time to schedule the training in advance to avoid any unexpected delays.			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez, Administrator</i>		Date <i>7-17-18</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u>K.W.</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

Administrator will schedule a fire drill with a fire safety expert immediately. K.W. 7/26/18

Violation Report: 18780	05/23/2018 - Gray, Dean
PCH Name: GLENCREST	MANOR

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

2a. DESCRIPTION OF VIOLATION  
Resident #2 participated in the development of their support plan on 02/28/18. The resident did not sign the support plan.

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

Resident signed support plan immediately, which was a mistake that was overlooked accidentally. To ensure this issue will never occur again, after support plan is complete, staff will flag the pages that need reviewed or signed. Administrator will check all residents charts monthly for all required signatures or information. Staff will also be trained annually on all information that is required on all paperwork. Administrator's monthly review will be documented and maintained for Department review. Documentation of training will be maintained for Department review. K.W. 7/24/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez, Administrator</i>	Date <i>7-17-18</i>
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