



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to REBECCA S PERSONAL CARE HOME INC
LEGAL ENTITY

To operate REBECCA'S AT EVERETT
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537
(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 37
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 October 17, 2018 until April 17, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **324071**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

OCT 17 2018

Mr. Dustin Miller,
President
Rebecca's Personal Care Home, Inc.
118 Masters Avenue
Everett, Pennsylvania 15537

RE: Rebecca's at Everett
License #: 324071

Dear Mr. Miller:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 13, 2018 and March 14, 2018, and August 1, 2018 of the above facility, the violations specified on the enclosed License Inspection Summaries were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 324070 dated June 12, 2018 to June 12, 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. The license dated June 12, 2018 to June 12, 2019 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65g	III	29	\$3	\$87	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.


No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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

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,


Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
PCH Name: REBECCA SAT EVERETT

1. REGULATION 65 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

On 2/10/2018 emergency services were called to pick Resident 1 up from a fall and transported Resident 1 to the hospital where Resident 1 was diagnosed with a shoulder injury. The home did not submit an incident report to the Department regarding this incident

On 3/9/2018 the home did not administer 30 Units of Lantus as prescribed to Resident 1. The home did not submit an incident report to the Department regarding this incident.

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

Steps cannot now be taken to correct the incidents that happened, however a new system has been implemented that allows all staff to report on incidents. The Care Suite Client system by Quickmar is now being used. On the dashboard of this system is an incident reporting tab which allows all staff to create an incident report for the Administrator. The system then allows the Administrator to directly link the required form from DHS to the report so that the Administrator can gather accurate information on the incident to be placed into the form. Directions was also input into the system so that staff know exactly what needs reported and when and to whom the report should be sent to .

On April 6th, 2018 at 1330hrs there was a staff meeting on this topic so that staff now knows how to report using the system and general reporting procedures. PLEASE SEE ATTACHED FILE ON THIS STAFF MEETING

The home shall perform a review of its incident reports during each Quality Management meeting. This shall be a review of the incident reports submitted since the last Quality Management meeting. BAS 4/23/18

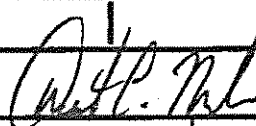
The administrator and/or another designated staff person shall review the home's medication administration records daily. All medication errors shall be reported to the prescriber, the Department, and the resident, and the resident's designated person. BAS 4/23/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dustin C. Miller



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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

The above plan of correction is approved as of 4/27/18
(Date)

Plan of correction implementation status as of 9/26/18
(Date)

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

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

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The home has video cameras that record video of common areas in the home, including the front dining room, the main living room, and the upper living areas of the home.

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

I do realize that this is a gray area; however I have disconnected all the cameras that are inside the home in resident common areas. One camera will remain in the kitchen area.

The administrator in the future will not place cameras in any common area of the home.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)
 Dustin C Miller 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin Miller | Date 4/7/2018

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The above plan of correction is approved as of <u>4/27/18</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>9/26/18</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home's records for Staff Person A, hired in May of 2001, and Staff Person B, hired in August of 2016, did not contain documentation that criminal history background checks had been performed.

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.

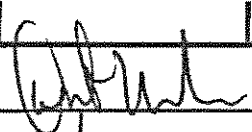
Staff person A (myself), re did the background check before opening the new facility in 2008 in Everett pa. The form on file is dated 7/27/2007. PLEASE SEE ATTACHED FILE

Staff person B did have the affidavit signed and in the file. At the time of the violation a background check was done and came back request under review. I did not receive anything in the mail regarding this. I did however check the pa state police site again and did receive the complete check. It came back with a misdemeanor. Staff person B holds the position of a cook. PLEASE SEE THE ATTACHED FILE

The Administrator in the future will ensure that all background checks are done according to regulation. A form was created and will be used for every new hire. PLEASE SEE THE ATTACHED FILE

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

Signature of Legal Entity Representative *Dustin C. Miller*
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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 (Date)

Plan of correction implementation status as of 9/26/18
 (Date)

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

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

Violation Report; 32407 - 03/13/2018 - Heemer, Laura

PCH Name: REBECCA SAT EVERETT

1. REGULATION 65 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

On 3/13/2018, the home was serving 26 Residents. Staff Person A, the Acting Administrator, does not have one of the following qualifications:

- (1) a license as a registered nurse from the Department of State.
- (2) an associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.

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.

Staff person A has applied for a waiver through DHS. I have not heard back on anything yet regarding this waiver. However I have been an administrator for over 15 years and owner of this business for 18 years.

I HAVE APPROACHED A CURRENT EMPLOYEE OF REBECCA'S THAT IS CURRENTLY IN NURSING SCHOOL. SHE STATED THAT SHE WOULD BE INTERESTED IN THE POSITION.

* Waiver ganted for this regulation on 8/1/2018

BAS 8/1/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative

(Required ON EVERY Page) Dustin C. Miller

Date 4/7/2018

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The above plan of correction is approved as of 7/31/2018
(Date)

Plan of correction implementation status as of 9/26/18
(Date)

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

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

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.63(a) -At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On February 20, 2018 from 12 am until 2 pm and from 10 pm until midnight, there were 26 Residents present in the home. During this time there were no staff persons present in the home who were trained and certified in first aid, obstructed airway techniques and CPR.

On February 21, 2018 from 12 am until 2 pm and from 10 pm until midnight, there were 26 Residents present in the home. During this time there were no staff persons present in the home who were trained and certified in first aid, obstructed airway techniques and CPR.

On February 22, 2018 from 12 am until 2 pm and from 10 pm until midnight, there were 26 Residents present in the home. During this time there were no staff persons present in the home who were trained and certified in first aid, obstructed airway techniques and CPR.

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.

There are currently 3 staff persons in the home that are up to date on their CPR and 1st Aid. A class is scheduled for Monday April 16th at 10:30am with CPR and First Aid Training Solutions.

The Administrator is now using a calendar based system to track and remind the Administrator of expiration dates of such training

Prior to implementing a staffing schedule, the administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be available to the Department at any time. BAS 4/23/18

The administrator will perform quarterly review of staff training to assure that the necessary certifications and trainings are up-to-date and identify any missed trainings that need to be rescheduled. BAS 4/23/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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 (Date)

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Persons B,C,D,E,and F did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2017.

Direct Care Staff Persons B,C,D, E and F did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 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.

The annual fire safety drill, meeting and training will be conducted Friday April 13, 2018 at 10:00am. During this training the Fire Official will conduct the annual drill. Also after the drill, I will go over an after action report. This will point out areas that may need attention. Also this is when we will go over the Emergency Operational Plan for Rebecca's.

From this point on, the Annual Fire Drill will also be the time of reviewing all of fire safety topics with the staff. This will elevate the Administrator of having to remember different dates. It will all be done on the same day. Of course all new hires will be trained and information given to them at the time of hire.

The administrator will perform quarterly review of staff training to assure that the necessary certifications and trainings are up-to-date and identify any missed trainings that need to be rescheduled. BAS 4/23/18

(Continued on Page 7A)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/30/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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 (Date)

- Fully Implemented
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2600.65(g)

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.

BAS 9/26/18

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.85(b)- There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

Two ants were observed in the office of the Acting Administrator, one ant was observed in the Medication Room, and when the water was turned on in the sink of the bathroom located by bedroom 17, approximately 50 ants came out of the drain. During interviews, staff discussed the problem of the ants and stated that staff has sprinkled cinnamon in the window sill of the medication room in an attempt to keep ants out of that room.

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

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

Able Control is scheduled to come out on Wed April 11 2018 at 10:00am.

I will be automatically scheduling Able Pest Control to come to the home every 6 months to 1 year routinely. This depends on what they recommend.

Staff will be educated to immediately report any observed signs of infestation to the administration immediately. The administration shall initiate steps for remedy upon being notified by staff. BAS 4/23/18

The administrator shall perform checks of the home for evidence of infestation during daily walk-throughs of the home. BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura

PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The cold water knob on the sink in the bathroom located next to the beauty shop is missing.

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

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

The faucet was replace with new knobs

Staff have been instructed to let the Administrator know when things are in disrepair

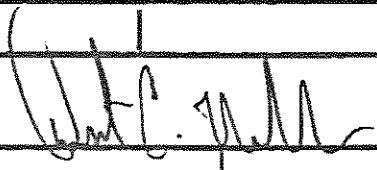
Immediately, the administrator will check all furniture and equipment in the home to ensure that it is clean, in good repair, and free of hazards. Furniture found to be in need of cleaning, repair, or replacement will be cleaned, repaired, or replaced as needed. BAS 4/23/18

On-going: The administrator shall perform checks of the home for furniture and equipment in need of repair or replacement during daily walk-throughs of the home.

BAS 4/23/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

There is no chair in the bedroom of 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.

Resident number 1 now has a chair in his room.

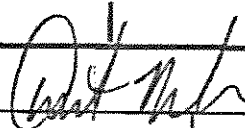
The staff was notified about what the regulation states and that they are to notify the Administrator if any of these items are missing. The Administrator will also conduct weekly walk around to monitor this

Immediately, the administrator will perform a check of all resident bedrooms to assure that it contains the require furniture and equipment. Resident bedrooms found to be in need of required furniture and/or equipment shall have the identified item(s) provided.

BAS 4/23/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dustin C, Miller

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 There is no mirror in the bedroom of 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.

Resident number 1 now has a mirror in his room.

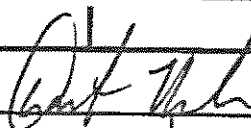
The staff was notified about what the regulation states and that they are to notify the Administrator if any of these items are missing. The Administrator will also conduct weekly walk around to monitor this

Immediately, the administrator will perform a check of all resident bedrooms to assure that it contains the require furniture and equipment. Resident bedrooms found to be in need of required furniture and/or equipment shall have the identified item(s) provided.

BAS 4/23/18

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
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Violation Report: 32407 - 03/13/2018 - Heemer, Laura

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bedroom of Resident 1 does not have a source of light that can be turned on/off from bedside.

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 number 1 now has a lamp in his room.

The staff was notified about what the regulation states and that they are to notify the Administrator if any of these items are missing. The Administrator will also conduct weekly walk around to monitor this

Immediately, the administrator will perform a check of all resident bedrooms to assure that it contains the require furniture and equipment. Resident bedrooms found to be in need of required furniture and/or equipment shall have the identified item(s) provided.

BAS 4/23/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dustin C. Miller

Date 4/7/2018

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The above plan of correction is approved as of 4/27/18
(Date)

Plan of correction implementation status as of 9/26/18
(Date)

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

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

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.105(2)- Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The home has three dryer ducts that exit the laundry room to the rear of the building. There is an accumulation of lint inside the ducts, and the ground beneath the ducts is coated with lint. The home's record for duct cleaning does not document that cleaning has occurred within the past two years.

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

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

The dryer ducts were cleaned the day of inspection.

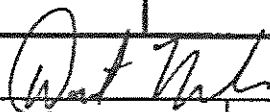
The nightshift supervisor is now in charge of maintaining these monthly to ensure compliance and to reduce the chance of fire. PLEASE SEE THE ATTACHED LETTER AND DRYER CLEANING RECORD

The administrator will ensure that lint is cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions by a person qualified to do so. Documentation of cleaning shall be kept. The administrator shall review the cleaning log and shall observe the condition of the vents on a monthly basis to ensure that cleaning has taken place.

BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
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Date 4/7/2018

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 (Initials)

Violation Report: 32407 - 03113/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 3/13/2018 the home had 26 residents, but had no emergency drinking water.

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.

Found out from the staff that the former Administrator gave the water away to the staff because it was out of date. However did not replace it.

I am currently working with Roaring Spring Bottled Water to have a contract made up that in the event of an emergency they will deliver the emergency water that we would need. THIS IS EXPECTED TO BE COMPLETED BY THE END OF APRIL.

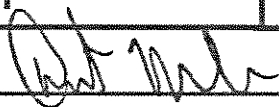
Immediately, the home shall obtain 111 gallons of drinking water to be stored in the home. BAS 4/23/18

Staff shall be educated to inform the administration if any of the reserve water is utilized, so that it can be replenished. BAS 4/23/18

The administrator shall check the reserve water supply on a yearly basis. BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*



Printed Name and Title of Legal Entity Representative
 (Required ON EVERY Page) Dustin C. Miller

Date 4/7/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura

PCH Name: REBECCA SAT EVERETT

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

No fire drills were performed in the home between the last annual licensing renewal inspection, conducted on 3/30/2017, and 3/9/2018.

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.

I have created a plan of action that includes the following. We had a fire alarm test on March 26, 2018. This was to let new residents that have never heard the alarm what it sounds like and to test the equipment. All went well.

We had a drill on April 10, 2018 at 11:00AM.

We are having our annual drill on Friday April 13, 2018 at 10:00am. THIS WILL BE AN UNANNOUNCED DRILL ONLY MYSELF AND THE FIRE OFFICIAL KNOWS THE DATE AND TIME

On-Going: The home shall perform an unannounced fire drill on a monthly basis. Documentation for this drill shall be maintained by the home. BAS 4/23/18

The administrator shall review the fire drill log on a monthly basis to ensure that a drill has been performed. BAS 4/23/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Dustin C. Miller

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Dustin C. Miller

Date 4/9/2018

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(Initials)Plan of correction implementation status as of 9/26/18
(Date)

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

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.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 home had a fire safety inspection and drill on 8/18/2016 and did not hold another fire safety inspection and drill until 3/9/2018.

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.

The annual drill has been rescheduled from March to April 13, 2018 at 10:00 at the discretion of the fire official PLEASE SEE ATTACHED EMAIL

The Fire Official knows that from here on out, that they will happen the first week of April every year after.

The administrator shall review the fire drill log on a monthly basis to ensure that a fire drill conducted by a fire safety expert has been performed annually. BAS 4/23/18

The date of the last fire safety inspection shall be reviewed during each Quality Management meeting to ensure that one has been performed annually.

BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller* 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller | Date 4/9/2018

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2800
 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 3 was admitted on 9/27/2017. A medical evaluation has not been completed for 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.

A DME was faxed to the Doctor on 4/9/2018 to be filled out for the resident.

With the new Care Suite Client system, I am going through each individual residents file and uploading all current documentation into the system. At which time if something is needed I will then send the needed info to the Doctor or create things such as missing RASP's.

PLEASE NOTE THAT THIS IS TAKING ME SOME TIME TO COMPLETE. I AM HOPING TO HAVE EVERY RESIDENT INTO THE SYSTEM BY THE END OF APRIL.

PLEASE ALSO NOTE THAT THE NEW SYSTEM HAS TAKEN 2 TO 3 WEEKS TO WORK OUT ALL THE BUGS WITH THOMPSONS PHARMACY WHO HAS PROVIDED US WITH THE SYSTEM. THIS SYSTEM IS MAKING THINGS SO EASY AND WILL HELP ENSURE QUALITY OF CARE AND COMPLIANCE ISSUES.

The administrator will ensure that a medical evaluation is completed for Resident #3 within 30 days from the receipt of this plan.
 BAS 10/12/18

The home shall audit the records of all current residents. Any resident found to be in need of a medical evaluation shall have one scheduled immediately. This evaluation shall occur within 30 days from the date of scheduling and documentation utilizing the Documentation of Medical Evaluation form (DME) shall be maintained by the home. This audit shall be completed within 30 days from the date of this plan.
 BAS 4/23/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/30/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller Date 4/9/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
PCH Name: REBECCA SAT EVERETT

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

2a. DESCRIPTION OF VIOLATION
 Resident 1's last medical evaluation was completed on 7/27/2016.
 Resident 2's last medical evaluation was completed on 1/16/2017.

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.

A DME was faxed to the Doctor on 4/9/2018 to be filled out for the resident.

With the new Care Suite Client system, I am going through each individual residents file and uploading all current documentation into the system. At which time if something is needed I will then send the needed info to the Doctor or create things such as missing RASP's.

PLEASE NOTE THAT THIS IS TAKING ME SOME TIME TO COMPLETE. I AM HOPING TO HAVE EVERY RESIDENT INTO THE SYSTEM BY THE END OF APRIL.

PLEASE ALSO NOTE THAT THE NEW SYSTEM HAS TAKEN 2 TO 3 WEEKS TO WORK OUT ALL THE BUGS WITH THOMPSONS PHARMACY WHO HAS PROVIDED US WITH THE SYSTEM. THIS SYSTEM IS MAKING THINGS SO EASY AND WILL HELP ENSURE QUALITY OF CARE AND COMPLAINE ISSUES.

The administrator will ensure that a medical evaluation is completed for Resident #1 and Resident #2 within 30 days from the receipt of this plan.
 BAS 10/12/18

The home shall audit the records of all current residents. Any resident found to be in need of a medical evaluation shall have one scheduled immediately. This evaluation shall occur within 30 days from the date of scheduling and documentation utilizing the Documentation of Medical Evaluation form (DME) shall be maintained by the home. This audit shall be completed within 30 days from the date of this plan.
 BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller* 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller | Date 4/9/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

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

2a. DESCRIPTION OF VIOLATION
 On 3/9/2018 at 8 am, the home failed to follow the directions of the prescriber when 30 units of Lantus was not administered to Resident 2.

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

The new Care Suite Client system now flags any medications that were not given. Also the administrator can view all reports of meds not given.

THIS SHOULD HELP IN THE FUTURE WITH ALL OF THESE TYPES OF COMPLIANCE ISSUES. IF A STAFF PERSON CANNOT GIVE A MEDICATION TO A RESIDENT, THE SYSTEM WILL FLAG IT AND THE STAFF MUST PROVIDE A REASON

The administrator and/or another designated staff person shall review the home's medication administration records daily. Instances where the prescriber's orders were not followed, and the steps taken to address the problem shall be documented and maintained by the home.

BAS 4/23/18

Repeat Violation: No | Data(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C Miller | Date 4/9/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
PCH Name: REBECCA SAT EVERETT

1. REGULATION 65 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

According to the Acting Administrator, Staff Person E provides medication administration to residents in the home as a regular part of direct care duties. The Annual Practicum training requirements for medication administration for Staff Person E are not current and up-to-date. Staff person E has not had a medication administration observation by a Certified Medication Administration Trainer since 12/2/2016.

According to the Acting Administrator, Staff Person F provides Medication Administration to Residents in the home as a regular part of direct care duties. The Annual Practicum training requirements for medication administration for Staff Person F are not current and up-to-date. Staff Person F has not had a medication administration observation by a Certified Medication Administration Trainer since 6/1/2016.

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.

Since my Train the Trainer has expired, I have decided to hire a Trainer that is an Administrator of another care home within Bedford County.

I WILL BE SCHEDULEING HER TO TRAIN ME ON THE OBSERVER TRAINING SO THAT I CAN DO THE QUARTERLY AND ANNUAL OBSERVATIONS OF THE MED TRAINED STAFF. I SHOULD HAVE THIS SCHEDULED BY THE END OF APRIL 2018

Immediately: the administrator shall review the current training of staff members performing medication administration. BAS 4/23/18

On-Going: Medication administration shall only be performed by staff members with up-to-date medication administration training. BAS 4/23/18

Prior to implementing a staffing schedule, the administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be available to the Department at any time. BAS 4/23/18

The administrator will perform quarterly reviews of staff training to assure that the necessary medication administration trainings are up-to-date. BAS 4/23/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dustin C. Miller

Date 4/9/2018

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 Not Implemented

Violation Report: 32407 - 03/13/2018- Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
 According to the Acting Administrator and staff training records, there are no staff persons in the home who have successfully completed the Department-approved diabetes patient education program within the past twelve months. The home has six residents who are prescribed glucometers and insulin. Staff members, including Staff Person E and Staff Person F, administer insulin injections to these residents.

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.

Diabetes training was completed 3/16/2018.

PLEASE SEE THE ATTACHED TRAINING RECORD FORM

FROM THIS POINT ON THE ADMINISTRATOR WILL BE USING THE COMPUTER CALENDAR FOR SCHEUDLING THESE TRAININGS AND SETTING REMINDERS

On-Going: The injection of insulin shall only be performed by staff members with current training in a Department-approved diabetes patient education program. BAS 4/23/18

The administrator will perform quarterly reviews of staff training to assure that the necessary medication administration trainings and diabetes trainings are up-to-date. BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.225(a) -A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The home has not completed an initial assessment for Resident 3, admitted 9/29/2017.

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.

These forms for every resident are being created and Input to the new system.

THE NEW CARE SUITE CLIENT SYSTEM WILL ACCUALLY HAS THE RASP FORM FOR PA DHS ALREADY IN IT. MY HOPES ARE BY THE END OF APRIL TO HAVE EVERY RESDIENT IN THERE. THIS WILL ALSO AID IN REMINDING US OF WHEN FORMS ARE DUE

The home will complete a detailed comprehensive assessment that identifies all of Resident #3's personal care needs. The assessment will be documented and will be filled out in entirety, including signatures and dates. This assessment shall be completed by the home within 10 days from the date of this plan. BAS 4/23/18

The administrator will complete an audit all resident assessments to ensure that an accurate assessment of the current needs and abilities of each resident has been performed and documented. The audit and completion of any new assessments shall be completed within 30 days from the date of this plan. BAS 4/23/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dustin C. Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dustin C. Miller Date 4/9/2018

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Violation Report: 32407 - 03/13/2018 - Heemer, Laura
 PCH Name: REBECCA S AT EVERETT

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

The most recent annual assessment for Resident 1 was completed on 6/18/2016.
 The most recent annual assessment for Resident 2 was completed on 1/16/2017.

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.

These forms for every resident are being created and input to the new system.

THE NEW CARE SUITE CLIENT SYSTEM WILL ACCUALLY HAS THE RASP FORM FOR PA DHS ALREADY IN IT. MY HOPES ARE BY THE END OF APRIL TO HAVE EVERY RESDIENT IN THERE. THIS WILL ALSO AID IN REMINDING US OF WHEN FORMS ARE DUE

The home will complete detailed comprehensive assessments for Resident #1 and Resident #2 that identifies all of care needs presented by each resident. The assessments will be documented and will be filled out in entirety, including signatures and dates. This assessment shall be completed by the home within 10 days from the date of this plan. BAS 4/23/18

The administrator will complete an audit all resident assessments to ensure that an accurate assessment of the current needs and abilities of each resident has been performed within the last 365 days, at minimum. The audit and completion of any new assessments shall be completed within 30 days from the date of this plan.

BAS 4/23/18

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dustin C. Miller</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dustin Miller	Date 4/9/2018

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Violation Report: 32407 - 08/01/2018 - Cargile, Kellie

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 and Resident #2, both admitted prior to 7/30/18, did not have a resident-home contract completed.

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

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

Immediately Resident 1 and Resident 2 will have a written home contract completed and signed by the resident and the payee (if applicable).

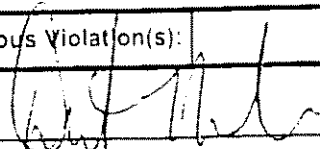
The administrator will complete an audit of resident files to assure that each current resident has a signed contract in place. This audit will be completed within 20 days from the receipt of this plan.

24 hours after a resident's admission, the administrator, or a designated staff person, will review the resident's file to assure that a written resident-home contract (contract) between the resident and the home is in place.

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)

Dustin Miller / Pres

Date

9/12/2018

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

The above plan of correction is approved as of 9/26/18
(Date)

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(Date)

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

Violation Report: 32407 - 08/01/2018 - Cargile Kellee

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff Person I was not a resident of Pennsylvania for two consecutive years prior to being hired on 6/25/18. The home has not had a Pennsylvania State Criminal History Check and Federal Criminal History Background Check completed on Staff Person I.

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

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

Immediately: The home will submit for Staff Person I's Pennsylvania State Criminal History Check and Federal Criminal History Background Check. Staff Person I will not provide unsupervised direct care until the results of these checks are received by the home.

The administrator will complete an audit of employee files to assure that each staff person has had the appropriate background checks completed. This audit will be completed within 20 days from the receipt of this plan.

Prior to a new staff person being scheduled for work, the administrator will review the employee's file to ensure that the proper background checks have been completed.

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) Debra Miller / Pres. Date 9/12/2018

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The above plan of correction is approved as of <u>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date)
The above plan of correction was approved by <u>BAS</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: 32407 - 08/01/2018 - Cargile Kellie

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person J and Direct Care Staff Person K do not have documentation of a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry in their staff records.

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

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

Immediately: The home will obtain written documentation supporting that Staff Person J and Staff Person K meet the necessary education requirements. Staff Person J and Staff Person K will not provide direct care to residents until this documentation has been obtained by the home.

The administrator will complete an audit of employee files to assure that each direct care staff person has the necessary educational requirements. This audit will be completed within 20 days from the receipt of this plan.

Prior to a new direct care staff person being scheduled for work, the administrator will review the employee's file to ensure that the educational requirements have been met and documentation of this is in the file.

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

[Handwritten Signature]

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

Dustin Miller / Pres

Date *9-12-2018*

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

Violation Report: 32407 - 08/01/2018 - Cargile Kellie

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 7/4/18, 7/8/18, 7/12/18, and 7/13/18, from 10:00pm to 6:00am the following day, 28 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/21/18, 7/26/18 and 7/27/18 from 2:00pm to 6:00am the following day, 28 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/14/18, 7/15/18, 7/19/18 and 7/20/18 from 2:00pm to 10:00pm, 28 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

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

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

The administrator will review the trainings files for all current employees to identify what employees have current training in first aid and certification in obstructed airway techniques and CPR.

The administrator will utilize this review to create a tracking system and ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be available to agents of the Department at any time.

The administrator will perform quarterly reviews of staff training to ensure that the necessary certifications and trainings are up-to-date and identify any missed trainings that need to be rescheduled.

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)

Destiny Miller / PICS

Date

9/12/2018

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The above plan of correction is approved as of 9/26/18
(Date)

Plan of correction implementation status as of 9/26/18
(Date)

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

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

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person K has been providing regular unsupervised ADL services in the home since being hired on 6/1/18. There is no documentation that Staff Person K has completed the direct care staff training course.

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.

Refer to Page 6A

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) Director of Operations / Pico Date 9/12/2018

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

The above plan of correction is approved as of <u>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> Initials	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Immediately: Staff Person K will not provide direct care to residents until successful completion and testing of the Department-approved direct care training course.

The administrator will complete an audit of employee files to assure that each direct care staff person has obtained the necessary "Direct care staff training and orientation" requirements. This audit will be completed within 20 days from the receipt of this plan. Any staff found to be lacking these requirements will not provide direct care services until all requirements are completed.

Prior to a new direct care staff person being scheduled for work, the administrator will review the employee's file to ensure that the "Direct care staff training and orientation" requirements have been met and documentation of this is in the file.

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie

PCH Name: REBECCA S AT EVERETT

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 July 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.

The home will perform an unannounced fire drill on a monthly basis. Documentation of this drill will be retained by the home.

The administrator will review the fire drill log at least one time between the 20th day and 25th day of each month to identify if a drill has been completed. Documentation of this review will be made by the addition of the administrator's initials and date the review was completed being marked on the fire drill record each month.

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)

Rebecca S Miller / Pres

Date *9/21/2018*

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The above plan of correction is approved as of 9/26/18
 Date

Plan of correction implementation status as of 9/26/18
 (Date)

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

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

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie

PCH Name: REBECCA SAT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 During the fire drill conducted on 6/28/18, 28 residents were in the home. Only 27 residents evacuated to the home's designated meeting place or a designated fire safe area during this fire drill.

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

Immediately: All staff and residents shall receive reeducation on the procedures for fire drills and the designated meeting place.

Going forward: All residents shall evacuate to the designated meeting area during each fire drill. The administrator will review the fire drill record the first working day after a fire drill was held. If it is found that all residents did not evacuate during the drill, the administrator will initiate steps to address the problem and another drill will be held. Documentation of the identified problem(s) and actions for remedy shall be kept by the home for Department review.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Doreen C. Miller / Pico</i>	Date <i>9/12/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Violation Report: 32407 - 08/01/2018 - Cargile Kellie
 PCH Name: REBECCA S AT EVERETT

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

Residents #2, #3, #4 and #6 were all admitted to the home prior to 6/30/18. A medical evaluation has not been completed for these residents

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

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

Immediately: Residents #2, #3, #4, and #6 will be scheduled for a medical evaluation. These medical evaluations will be completed within 30 days from the receipt of this plan and be documented on the Documentation of Medical Evaluation form.

The administrator will audit all resident records to ensure that each resident has a current medical evaluation documented on the form specified by the Dept. Any resident whose medical evaluation is overdue will have an evaluation completed within 30 days and at least annually thereafter. This audit shall be completed within 15 days from the receipt of this plan.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 3/30/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Dustin Miller / P.A.S.

Date 9/12/2018

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Plan of correction implementation status as of 9/26/18
 (Date)

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

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

Violation Report: 32407 - 08/01/2018 - Cargile Kellie
PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION
 Resident #5's last medical evaluation was on 1/16/17.
 Resident #7's last medical evaluation was on 1/9/17.

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.

Immediately: Residents #5, and #7 will be scheduled for a medical evaluation. These medical evaluations will be completed within 30 days from the receipt of this plan and be documented on the Documentation of Medical Evaluation form.

The administrator will audit all resident records to ensure that each resident has a current medical evaluation documented on the form specified by the Dept. Any resident whose medical evaluation is overdue will have an evaluation completed within 30 days and at least annually thereafter. This audit shall be completed within 15 days from the receipt of this plan.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Doreen Miller / Pres* Date *9/12/2018*

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

The above plan of correction is approved as of <u>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION
 During the period of 7/15/18 to 7/20/18, Resident #3 did not receive the prescribed Folbic tablet at 8:00am each day as the medication was not in the facility and available for administration.

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

The home shall review its procedures for ordering medications. Changes shall be made to assure that prescriptions are ordered/reordered in a timely manner so that residents do not go without their medications. All staff who provide medication administration shall be reeducated on the ordering procedures. This re-training shall be completed within 20 days from the receipt of this plan.

The home will complete weekly audits of the medications and supplies required for the residents' medication administration. These audits shall be completed for a period of two months from the date of this plan's receipt.

Documentation for the completion of the audits and staff re-training shall be maintained by the home for Department review.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra Miller / Pres</i>	Date <i>9/12/2018</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>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA SAT EVERETT

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

According to the acting administrator, Staff Person B provides medication administration to residents of the home as a regular part of direct care duties. The annual practicum training requirements for medication administration for Staff Person B are not current and up to date. Staff Person B has not had a medication administration observation by a certified medication administration trainer since 12/2/16. On 7/31/18 at 8pm, Staff Person B administered Resident #3's prescribed Melatonin 10mg

According to the acting administrator, Staff Person C provides medication administration to residents of the home as a regular part of direct care duties. The annual practicum training requirements for medication administration for Staff Person C are not current and up to date. Staff Person C has not had a medication administration observation by a certified medication administration trainer since 6/1/16. On 7/31/18 at 8am, Staff Person C administered Resident #3's prescribed Losartan POTAS 25mg

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

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

Immediately: The administrator will review the current training records of all staff responsible for medication administration. Any staff found to be in need of the required training elements for medication administration will not administer medications to any resident until the elements are fully completed.

On-going: Medication administration will only be performed by staff members with up-to-date medication administration training.

The administrator will monitor the medication administration training of the staff on a quarterly basis to assure that training requirements are being maintained.

Annual practicum observations and record reviews shall be added to the staff training plan for each staff person responsible for medication administration.

Prior to implementing a staffing schedule, the administrator will ensure that sufficient numbers of staff with up-to-date medication administration training are present in the homes at all times.

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)

Doreen M. Hoot / PCH

Date

9/12/2018

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The above plan of correction is approved as of 9/26/18
 (Date)

Plan of correction implementation status as of 9/26/18
 (Date)

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

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

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

According to medication administration records, on 7/4/18, 7/5/18, 7/14/18, 7/15/18, 7/21/18 and 7/26/18, at 8:30am each day, Staff Person B, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to Resident #3.

According to medication administration records, from 7/26/18 to 7/30/18 at 8:30pm each day, Staff Person L, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, administered insulin to Resident #4.

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

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

Immediately: The administrator will review the current training records of all staff responsible for diabetic care and insulin administration. Any staff found to be in need of the required training elements for insulin administration will not administer insulin to any resident until the elements are fully completed.

On-going: Insulin administration will only be performed by staff members with up-to-date diabetes training.

The administrator will monitor the medication administration training and diabetes training of the staff on a quarterly basis to assure that training requirements are being maintained.

The administrator will ensure that the diabetes patient education program is listed on the annual staff training plan for each staff person responsible for insulin administration.

Prior to implementing a staffing schedule, if there is at least one resident requiring assistance with insulin administration, the administrator will ensure that sufficient numbers of staff with up-to-date diabetes training are present in the homes at all times.

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)

Dustin Miller / Pres

Date

9/18/2018

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The above plan of correction is approved as of 9/26/18
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 (Initials)

Plan of correction implementation status as of 9/26/18
 (Date)

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

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

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

Residents #1, #2, and #3 were all admitted to the home prior to 7/31/18. None of these residents had pre-admission screening forms completed.

Resident #6's pre-admission screening form does not include a determination that the home can meet the resident's service needs.

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

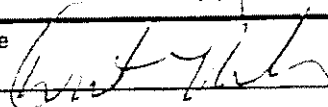
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On the date of an applicant's scheduled admission, the administrator or a designated staff person, will review the applicant's file to ensure that all residents admitted to the home have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form.

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)

Doreen Miller, PCH

Date

9/12/2018

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 (Initials)

Plan of correction implementation status as of 9/26/18
 (Date)

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

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Residents #1, #2, #3, and #4 were all admitted to the home prior to 7/17/18. The home has not completed initial assessments for these residents.

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

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

The home will complete a detailed comprehensive assessment for each resident that identifies all of Resident #1, #2, #3, and #4's personal care needs. These assessments will be documented on the Department's required form and will be filled out in entirety, including signatures and dates. This assessment shall be completed by the home within 10 days from the date this plan is received.

The administrator will complete an audit all resident assessments to ensure that an accurate assessment of the current needs and abilities of each resident has been documented. The audit and completion of any new assessments shall be completed within 30 days from the date this plan is received.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dustin Miller / Pres* Date *9/12/2018*

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

The above plan of correction is approved as of <u>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 08/01/2018 - Cargile, Kellie
 PCH Name: REBECCA S AT EVERETT

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

The most recent assessment for Resident #5 was completed on 1/16/17.

The most recent assessment for Resident #7 was completed on 1/30/17.

On 11/30/17, Resident #7 received a physician's order for the use of a hooyer lift for transfer assistance. Resident #7's assessment has not been updated to include this significant change

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

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

The home will complete a detailed comprehensive assessment for each resident that identifies all of Resident #5 and #7's personal care needs. These assessments will be documented on the Department's required form and will be filled out in entirety, including signatures and dates. This assessment shall be completed by the home within 10 days from the date this plan is received.

The administrator will complete an audit all resident assessments to ensure that an assessment of each resident has been completed within the past 365 days and that the most current assessment accurately documents the current needs and abilities of each resident. The audit and completion of any new assessments shall be completed within 30 days from the date this plan is received.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra M. Miller / Pres</i>	Date <i>7/12/2018</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>9/26/18</u> (Date)	Plan of correction implementation status as of <u>9/26/18</u> (Date):
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented