



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Shirley Friday  
Administrator  
Helen's Place for Personal Care  
474 Stambaugh Avenue  
Sharon, Pennsylvania 16146

RE: Helen's Place for Personal Care  
Certificate #: 446870

Dear Ms. Friday:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 28, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

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

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: HELEN S PLACE FOR PERSONAL CARE		License Number: 44687
Address: 474 STAMBAUGH AVENUE, SHARON, PA 16146		County: Mercer
Administrator: Shirley Friday		Region: WEST
Legal Entity Name: HELEN'S PLACE FOR PERSONAL CARE		<b>RECEIVED</b>
Legal Entity Address: 474 STAMBAUGH AVENUE, SHARON, PA 16146		
Certificate(s) of Occupancy C-2 LP 12/06/1991 Labor & Industry		MAY 28 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/28/2018: Park, Beth; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 15 Number of Residents Served: 10 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 8 Have Mental Illness: 10 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth PCH Name: HELEN S PLACE FOR PERSONAL CARE	<b>WEST REGION FIELD OFFICE</b> Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 There were signs posted in the 2nd floor living room, and the 1st floor reception area, that read "If (resident #1's name) wants anything to eat or drink it MUST COME FROM STAFF" in large red letters.

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*

*Sign was taken down at point of inspections.*

*Signs were NOT considered as being disrespectfully to the resident. Administrator will review the statement with staff to explore what was disrespectful regarding the statement.*

*Signs will not be replaced in any area regarding any specific person in the home from this point forward.*

Within 10 days of receipt of the plan of correction: All staff persons will be educated in resident rights, including the right to be treated with dignity and respect. Documentation of the education shall be kept. *all 6/8/18*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major Utterday</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Major Utterday-admin</i>		Date <i>5-23-2018</i>

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

The above plan of correction is approved as of <u><i>6/8/18</i></u> (Date)	Plan of correction implementation status as of <u><i>6/8/18</i></u> (Date)
The above plan of correction was approved by <u><i>pu.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's registration status on the Pennsylvania nurse aide registry expired on 7/16/2017. Direct care staff person A does not have a high school diploma or GED diploma.

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.

*Administrator had staff "A" IMMEDIATELY order the current Pennsylvania CNA documentation which is attached as attachment (a).*

*Administrator has made a schedule for monthly checks regarding staff information to maintain up to date staff files.*

*Monthly checks of staff will be monitored by administrator from this point forward.*

Monthly checks will include ensuring each direct care staff person has either a high school diploma, GED diploma or active registration status on the Pennsylvania Nurse Aide Registry. *pu. 6/8/18*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherry Major Utiday-ADM* Date *5 23 2018*

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

The above plan of correction is approved as of *6/8/18*  
(Date)

Plan of correction implementation status as of *6/8/18*  
(Date)

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

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

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:25 AM, the water temperature in the 2nd floor common bathroom, measured 122.1 degrees Fahrenheit.

At 10:50 AM, the water temperature in the 1st floor sitting area sink measured 137.1 degrees Fahrenheit.

At 11:07 AM, the water temperature in the 1st floor common bathroom, measured 128.4 degrees Fahrenheit.

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.

Hot water tank was drained upon inspection. Hot water tank was adjusted to 118 degrees Fahrenheit.

Staff was given a thermometer to check temperatures on each bathroom tub and sink areas (the ones that residents use).

Staff was re trained on regulation 2600.89 (b) .

From this point forward, administrator will check weekly to ensure regulation is followed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Major Friday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Major Friday - Admin* Date *5-23-2018*

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The above plan of correction is approved as of 6/8/18 (Date)

Plan of correction implementation status as of 6/8/18 (Date)

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

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

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MAY 28 2018

Page 5 of 13

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wooden fire escape on the back of the building, leading from the back porch to the ground, does not have a non-skid surface on the top or bottom landing.

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.

*Carpet was placed on the wooden fire escape on the back of the building.  
Ground level and top landing.*

*Refer to attachment (c)*

*Administrator will ensure that the exterior of the building and building grounds / yard is in good repair and free of hazards. As time goes forward by holding weekly inspections of the property safety is priority. Administrator's Assistant will also check that home is in compliance with regulation 2600.100 (a) on a daily basis.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Utterday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Utterday Adm*      Date *5-23-2018*

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

The above plan of correction is approved as of *6/8/18*  
(Date)

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

Plan of correction implementation status as of *6/8/18*  
(Date)

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

RECEIVED

MAY 28 2018

Violation Report: 44667 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
Resident #2 does not have a bedside table or shelf.

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.*

All residents' bedrooms were checked for a bedside table/shelf.

Administor and assistant explained to the residents that they cannot move their bedside table to another area as it is required by the regulation 2600.101 (j) (5) that each resident shall have a bedside table or shelf.

From this point forward all staff will ensure, during room cleaning that each resident has a bedside table or shelf (a weekly check off system will be in place) Refer to attachment (d).

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major* Date *5-23-2018*

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

The above plan of correction is approved as of 6/8/18  
(Date)

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

Plan of correction implementation status as of 6/8/18  
(Date)

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

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MAY 28 2018

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Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #4 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.*

*Administrator purchased another source of lamp for resident #4.*

*Administrator talked to resident and staff and ask resident not to use two sources of light at his computer area in his room. Administrator asked staff to ensure that resident had a source of light at his bedside and check during the daily room cleaning process.*

*Administrator/assistant will monitor the bedside source light daily from this point forward for each resident.*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherry Major*      Date *05 23 2018*

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

The above plan of correction is approved as of 6/8/17  
(Date)

Plan of correction implementation status as of 6/8/17  
(Date)

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

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

RECEIVED

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 10:15 AM, there was a stand-up mirror, a chair, and a table with a lamp on it directly in front of the exit door in resident #6's bedroom which leads to the back porch and emergency exit stairs.

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 day of inspection the stand-up mirror, chair and table with lamp on it were removed, from the exit door in resident's #6's bedroom leading to the back porch.*

*Administrator talked to residents and staff and ask residents not to move anything in front of the exit door. Administrator asked staff to ensure that residents didn't once again place anything in front of the exit door in their bedroom.*

*Administrator/assistant will monitor daily from this point on that all residents don't place anything in front of the exit door in their bedroom*

*The request of a free exit door will be monitored by ALL staff during the daily cleaning process.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sherry Major-Holiday*

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

*Sherry Major-Holiday- Adm*

Date *05-23-2018*

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The above plan of correction is approved as of

*6/8/18*  
(Date)

Plan of correction implementation status as of

*6/8/18*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *MU.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*MU.*  
(Initials)

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth PCH Name: HELEN S PLACE FOR PERSONAL CARE	<b>WEST REGION FIELD OFFICE</b> Human Services Licensing
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1. **REGULATION 55 Pa.Code §2600**  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. **DESCRIPTION OF VIOLATION**  
 There is no exit sign at the emergency exit door in resident #6's bedroom which leads to the back porch and emergency exit stairs. The home currently serves 10 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 day of the inspection administrator immediately purchased EXIT signs with plain legible letters on the sign itself and placed above the door in resident's 6's bedroom (refer to attachment (e) ) Note: ALL other exit doors have EXIT signs and are in compliance with regulation 2600.133 (a) (1).*

*The door in resident's (6)'s room is now an exit door.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherry Major Utiday-Admin</i>	Date <i>5-23-2018</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><i>6/18/18</i></u> (Date)	Plan of correction implementation status as of <u><i>6/17/18</i></u> (Date)
The above plan of correction was approved by <u><i>SM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>SM</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION  
At 10:58 AM, there were 2 residents smoking approximately 3 feet from the front door. This is not the designated smoking area.

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.

*Administrator spoke to all the residents regarding smoking in the smoking area.*

*Administrator explained if smoking is not in smoking area, smoking will not be permitted on the property as smoking is unhealthy and the non-smoking don't want to inhale second hand smoke also smoking is a fire hazard (especially in building).*

*ALL staff will monitor smoking in the smoking area daily.*

*Administrator will monitor staff that is not in compliance with smoking regulation. Any staff smoking outside of designated smoke area will receive discipline response from the administrator.*

The home shall provide each resident a 30-day written notice prior to the effective date of any new home rule or change to any existing home rule. *p.u. 6/8/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Shirley Mays, Admin*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Mays, Admin*      Date *5-23-2018*

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

The above plan of correction is approved as of *6/8/18*  
(Date)

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

Plan of correction implementation status as of *6/8/18*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed MAPAP Arthritis ER 650mg - take one tablet every 6 hours or as needed for pain. However, the resident's March 2018 medication administration record (MAR) does not include the strength.

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.*

*Administrator corrected the resident's March 2018 medication record to reflect appropriate strength (refer to attachment (f)).*

*Adminstrator reviewed medication on website that fully explained regulation 2600.187 (a) with all staff.*

*Administator and assistant will monitor Mars as a part of the daily routine when allocation of medicine occurs from this point forward.*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Shirley Major Friday - Adm* Date *05 23 2018*

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The above plan of correction is approved as of *6/8/18*  
(Date)

Plan of correction implementation status as of *6/8/18*  
(Date)

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

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

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2's March 2018 medication administration record (MAR) does not include the initials of the staff person who administered the following medications:

- Carbamide - Peroxide Sol 3/25/2018 4:00 PM
- Carbamide - Peroxide Sol 3/25/2018 8:00 PM
- Carbamide - Peroxide Sol 3/26/2018 12:00 PM
- Hydroxyzine HCL 3/25/2018 8:00 PM
- Olanzapine 3/25/2018 8:00 PM
- Divalproex 3/25/2018 8:00 PM

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.

Administrator reviewed regulation 2600.187(b) with ALL staff via train the trainer web site. Administrator explained not to rush the medication process. Administrator will enforce disciplinary action the next time initials are missing on MARs, as we have gone over this regulation numerous times over the years.

Administrator and assistant will monitor Mars as a part of the daily routine when allocation of medicine occurs from this point forward.

Review training is attached (refer to attachment "F") (F-2)

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sherry Maynard Friday*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherry Maynard Friday-Adm*      Date *05 23 2018*

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(Date)

Plan of correction implementation status as of 6/8/18  
(Date)

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(Initials)

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

MAY 28 2018

Violation Report: 44687 - 03/28/2018 - Park, Beth  
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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  
Resident #5 was admitted on 3/1/2018. However, resident #5's preadmission screening form was not completed until 3/5/2018.

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.

*Administrator found resident's #5's preadmission screening which was completed during his trail visit from State hospital.*

*Administrator will ensure that all information is available to inspection at all times. Even for residents on trail visits.*

*Refer to attachment "g"*

Within 5 days of receipt of the plan of correction: The administrator will review resident records to ensure each resident admitted in the past year has a preadmission screening completed, including a determination that the needs of the resident can be met by the services provided by the home, and present in the resident's record. *11.2.18/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sherry Major Yriday*

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

*Sherry Major Yriday-Adm*

Date

*05 23 2018*

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*6/8/18*  
(Date)

Plan of correction implementation status as of

*6/8/18*  
(Date)

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*SM*  
(Initials)

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