



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Ms. Shannon Dobbins
Administrator
Personal Care at Evergreen, Inc.
336 North Main Street
Washington, Pennsylvania 15301

RE: Personal Care at Evergreen
25 Glade Avenue
Waynesburg, Pennsylvania 15370
Certificate #: 400900

Dear Ms. Dobbins:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 27, 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.

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: PERSONAL CARE AT EVERGREEN		Licence Number: 40090
Address: 25 GLADE AVENUE, WAYNESBURG, PA 15370		County: Greene
Administrator: Shannon Dobbins		Region: WEST
Legal Entity Name: PERSONAL CARE AT EVERGREEN INC		
Legal Entity Address: 338 NORTH MAIN STREET, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/15/2004 L&I		OCT 15 2018 WEST REGION FIELD OFFICE (Human Services Division)
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Partial	BHA Cocket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2018: Winters, Lynn; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, If Applicable 05/04/2018: Winters, Lynn 07/11/2018: Winters, Lynn		
Other Details:		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 41 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: 1 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1

OCT 15 2018

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

No publications regarding the Influenza vaccine were posted in a public place in accordance with the Influenza Awareness Act, enacted in 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.

① Inspector Lynn Winters informed administrator of required publication. Administrator found required influenza publication on DHS website, printed it off and hung it with other required publications on 4/27/2018.

② Going forward administrator will check website weekly for new and/or updated regulations to maintain compliance.

③ Staff will be inserviced before 11/13/2018 regarding violations and how to stay in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Debbins

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

Shannen Debbins, Administrator

Date

10/15/2018

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

SD
(Initials)

OCT 15 2018

Page 2 of 12

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 2/8/18, did not receive orientation in general fire safety and emergency preparedness that includes the following:

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

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

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

① Staff person B was initially trained and oriented in general fire safety and emergency preparedness upon hire prior to the first work day, however we were unable to locate record.

② Repeated orientation in general fire safety and emergency preparedness on 4-30-2018.

See page 4A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannen Dobbins, Administrator* Date *10-15-2018*

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

The above plan of correction is approved as of *10/16/18* (Date)

Plan of correction implementation status as of *10/16/18* (Date)

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

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

- ③ Going forward, all future staff members will complete orientation of general fire safety and emergency preparedness on date of hire, and record will be stored in training folder of employee file.
- ④ Administrator will check each current employees file to ensure orientation training record is completed and in file by November 13th, 2018.

Shannen Dobbins

10-15-2018

Shannen Dobbins, Administrator

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OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Liaison

AS 10/16/18

OCT 15 2018

Violation Report: 40090 - 04/27/2018 - Winters, Lynn

PCH Name: PERSONAL CARE AT EVERGREEN

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights
- (2) Emergency medical plan
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 2/8/18, did not receive orientation within 40 scheduled working hours in any of the following required topics:

- *Resident rights
- *Emergency medical plan
- *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (OAPSA)
- *Reporting of reportable incidents and conditions

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.

① Staff person B was initially oriented in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions upon hire within the first 40 scheduled working hours, however we were unable to locate record.

② Repeated with Staff person B, the above orientation on 4-30-2018.

See page 5A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Shannen Dodson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shannen Dodson, Administrator	10-15-2018

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

The above plan of correction is approved as of 10/16/18
(Date)

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

Plan of correction implementation status as of 10/16/18
(Date)

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

③ Going forward all future staff members will complete orientation of resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions upon hire prior to the first working day, and record will be stored in training file of employee file.

④ Administrator will check each current employee file to ensure orientation training record is completed and in file by November 13th, 2018.

Shannen Dobbins

10-15-2018

Shannen Dobbins, Administrator

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OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

SA

BB Initials

OCT 15 2018

ESTABLISHED OFFICE
Human Services Licensing

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PGH Name: PERSONAL CARE AT EVERGREEN

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Not all residents of the home, including resident #1, are assessed as able to recognize and avoid poisons.

At 10:10 AM, 39 Finish Power Ball automatic dish tablets and 1 gallon jug approximately 1/2 full of Austin's A-1 bleach with labels that indicated, "If swallowed, call a Poison Control Center or doctor" were unlocked, unattended and accessible under the 1st floor dining room sink. There was a plastic child lock on the cupboard. However, an agent of the department was able to easily reach in and pull poisons out while locked and was also able to easily unfasten the child lock.

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.

① Finish Power Ball automatic dish tablets and Austin's A-1 bleach immediately removed from under the sink while surveyor was present on 4-27-2018. Items were placed in back storage room that has a key code entry lock on door.

② Going forward, all poisonous materials will be stored in the back room or in the laundry room, in which both rooms have key code entry lock on door.

③ Administrator will inspect cabinets weekly to ensure compliance.

See page 6A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Dobbins

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

Shannen Dobbins, Administrator

Date

10-15-2018

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

The above plan of correction was approved by

SD
(Initials)

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

4) Staff will receive an inservice on "State
violation report, inservice will include poison
safety and what is considered a poison. Inservice
will be completed by 11-13-2018.

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OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Shannen Dobbins

Shannen Dobbins, Administrator

10-15-2018

BA

BB 10/16/18

OCT 15 2018

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Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menu for the current week 4/22/18 - 4/28/18 was posted. However, the menu for the upcoming week 4/29/18 - 5/5/18 was not.

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.

- ① The kitchen staff hung menu up dated for 4/29/2018 - 5/5/2018 while surveyor was present on 4/27/2018.
- ② The kitchen staff will hang two weeks of menus up, with the proper dates and will remove the old menu each Monday.
- ③ Administrator will check menus each week to ensure compliance.
- ④ Staff will receive inservice on state violations and how to maintain compliance, by 11-13-2018.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Dobbin

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

Shannen Dobbin, Administrator

Date

10-15-18

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The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

The above plan of correction was approved by

BS
(Initials)

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

OCT 15 2018

Violation Report: 40080 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 is no longer prescribed Montelukast Sodium mg and it was still stored on the medication cart on 4/27/18.

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

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

- ① Medication was pulled from medication cart during survey on 4-27-2018.
- ② Medication was a mail order medication delivered to his wife's home, in which she brought to the facility. Medication was not on and had not been on resident's medication profile from the time he was admitted to facility. Multiple attempts made by nurse/administrator to contact PCP, Dr. [REDACTED]. Order was received to give medication daily.
- ③ LPN is now doing cart reviews on a monthly basis to ensure compliance.
- ④ Staff that are accepting medications from outside pharmacies and mail order pharmacies will cross check medications to current orders to ensure medication is the correct medication before being put in cart. See page 8A

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannen Dobbins, Administrator* Date *10-15-2018*

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

The above plan of correction is approved as of 10/16/18
(Date)

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

Plan of correction implementation status as of 10/16/18
(Date)

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

5) Staff will be inserviced on violations and how to ensure compliance before 11/13/2018.

Shannen Dobbins

10-15-2018

Shannen Dobbins, Administrator

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OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

8A

20 10/16/18

OCT 15 2018

Violation Report: A0090 - 04/27/2018 - Winters, Lynn
 PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code 52800

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Advair HFA- 45-21 MCG INH, Inhale 2 puffs by mouth twice daily. This medication was stored on the medication cart. However, there was no label on the Inhaler.

Resident #2 is prescribed Ventolin HFA 90 MCG. This medication was stored on the medication cart. However, there was no label on the Inhaler.

Resident #3 is prescribed Atorvastatin 20 mg tablet, Take by mouth 1 tablet on Saturday, Sunday, Tuesday, Thursday N/A. However, the label indicates Take one tablet by mouth once daily.

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.

- ① Inhalers will be stored in their original labeled boxes. If boxes are not available, bags with prescription labels will be provided from the pharmacy.
- ② As orders are changed, the nurse or the administrator will place direction change stickers on medication directions that have changed. This tells staff to refer to the MAR directions.
- ③ LPN completes redline orders multiple times a week to ensure discontinued medications are no longer in cart, and medications have correct instructions on them. See page 9A

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) Shannen Dobbins, Administrator Date 10-15-2018

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

The above plan of correction is approved as of 10/16/18
 (Date)

Plan of correction implementation status as of 10/16/18
 (Date)

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

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

④ Staff inservice will be held with medication aides to review State violations and corrections by 11/13/2018.

Resident #3 is no longer served at the home. *BS 10/16/18*

Shannen Dobbins

Shannen Dobbins, Administrator

RECEIVED

OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

10-15-2018

PA

BS 10/16/18

OCT 15 2018

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Furosemide 20 mg (label Take by mouth 1 label once daily as needed, which was ordered on 12/23/17. However, on 4/27/18, this medication was not available in the home.

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

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

① Resident was assessed for the need of PRN Furosemide, PCP Dr. [redacted] was made aware that medication was unavailable, medication was discontinued on 4-30-2017.

② LPN completes medication cart reviews monthly to ensure compliance.

③ Staff inservice will be held with medication aides to review violations and how to maintain compliance by 11/13/2018.

Resident #4 is no longer served at the home. BS 10/16/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Dobbins

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

Shannen Dobbins, Administrator

Date

10-15-2018

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

BS
(Initials)

OCT 15 2018

Page 11 of 12

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Artificial Tears 1.4% drops, Enall 1 drop into each eye twice daily. However, this medication was not administered on multiple dates, to include 4/17/18, 4/18/18, 4/19/18, and 4/20/18, because the medication was not available in the home.

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

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

① Resident ran out of artificial tears. It was documented in chart on 4-9-18, that family was refusing to purchase artificial tears, and multiple attempts were made to the prescribing physician's office to get med discontinued secondary to refusal. The physician sent a statement back to the facility stating "We could discontinue the order but the patient's eyes may worsen."

② After multiple attempts to reach the physician, an order was received on 9/20/2018 to discontinue artificial tears.

③ Staff inservice will be held regarding violations, the importance of medications being available and how to stay compliant before 11/13/2018.

Immediately - The administrator will implement procedures that ensure the home follows the directions of the prescriber by making all prescribed medications available in the home for administration.

Repeat Violation: No

Date(s) of Previous Violation(s):

BB 10/16/18

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Dobbins

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

Shannen Dobbins, Administrator

Date

10-15-2018

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

BB
(Initials)

OCT 15 2018

Violation Report: 40090 - 04/27/2018 - Winters, Lynn
PCH Name: PERSONAL CARE AT EVERGREEN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (2B)

2a. DESCRIPTION OF VIOLATION

Resident #4's record contains a photograph that is not dated.

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.

- ① All residents will have a new picture taken, printed and put in their chart by 11/13/2018
- ② Resident pictures will be uploaded to TabulaPro with the date they were taken. Each month TabulaPro will show reminders for residents whose pictures will be expiring soon.
- ③ Staff inservice to go over state violations will be held before 11/13/2018.
Resident #4 is no longer served at the home. *BB 10/16/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannen Dobbins

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

Shannen Dobbins, Administrator

Date

10-15-2018

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

The above plan of correction is approved as of

10/16/18
(Date)

Plan of correction implementation status as of

10/16/18
(Date)

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

The above plan of correction was approved by

BB
(Initials)