



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Mr. George Knox  
Owner/Administrator  
Trinity Oaks, Inc.  
117 Shady Rest Road  
Ellwood City, Pennsylvania 16117

RE: Trinity Oaks II  
Certificate #: 458570

Dear Mr. Knox:

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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

WEST VIRGINIA INDEPENDENT  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:59 a.m. the administrator's office was opened and unattended. There was a list of current residents on the office desk which includes the name, dates of birth, dates of admission, gender, and mobility needs of current residents. There was an assessment and support plan for resident #1 on the printer desk.

At 10:03 a.m., the licensing inspection summary, dated 4/28/17, posted on the bulletin board of the opened and unattended beauty shop included the resident privacy coding page with resident names partially scratched out. The names of residents #2 and #3 were still legible

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

See Attached Sheet →  
PAGE 20 OF 15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/28/2017

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

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

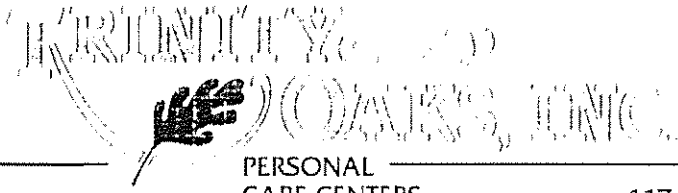
The above plan of correction is approved as of 6-7-18 (Date)

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

Plan of correction implementation status as of 6-7-18 (Date)

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

JUN 9 2018



Come On Home

PERSONAL CARE CENTERS

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Regulation 2600.17

1. Regulation 2600.17 is important because help keeps a resident's privacy and helps keep the home in line with current state and local laws.
2. During our inspection one of our administrators left their office for a cup of coffee. The administrator did not close and lock the door behind her leaving accessible a room with a current census list and RASP. Also when the home posted last year's inspection report we scratched off the names on the resident coding page, but they were not blacked out properly.
3. Administrator error caused the violation. Proper home protocol was not followed in this situation for either privacy breach. When scratching off the names our administrator did not use the Blackout sharpie. Also our administrator should have shut and locked the door shortly after exiting.
4. Auto locking door knobs have been installed on all doors that have private information in the room. Also signs have been placed on the inside and outside of the doors reminding the person entering and leaving that the door must be shut and locked. We have replaced Blackout Sharpies in the offices of the staff who need them with new ones. After blacking out a name or number staff will hold the paper to a light to make sure the name is completely unreadable.
5. The best way to prevent future violations is to educate our staff on what privacy laws and regulations say and empower them to help the administration keep privacy. Any documents that have sensitive information that needs blacked out will be checked by light to make sure no one can hold it up to a light and see the names.
6. All staff is responsible for keeping resident's privacy. However only certain people have access to some rooms with private information, those people are tasked with keeping these sensitive areas locked. Our administration will make sure names are properly blacked out on any forthcoming documents.

*George Knox* 6/1/18

George Knox

6-7-18

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
 PCH Name: TRINITY OAKS II

PHILADELPHIA DEPARTMENT OF  
 COMMUNITY DEVELOPMENT

**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 4/15/18, there were 23 residents residing in the home. From 6:00 a.m. until 2:00 p.m., direct care staff persons B, C and D (6:00 a.m. – 10:00 a.m.) were on duty. However, direct care staff persons B, C and D were not trained in first aid and certified in obstructed airway techniques and CPR nor were any of the ancillary staff persons that were present in the home.

On 4/15/18, there were 23 residents residing in the home. From 10:00 p.m. until 6:00 a.m. on 4/16/18, direct care staff persons E and F were on duty. However, direct care staff persons E and F were not trained in first aid and certified in obstructed airway techniques and CPR nor were any of the ancillary staff persons that were present in the home.

On 4/17/18, there were 23 residents residing in the home. From 6:00 a.m. until 2:00 p.m. direct care staff persons G, H and I were on duty. However, direct care staff persons G, H and I were not trained in first aid and certified in obstructed airway techniques and CPR nor were any ancillary staff persons who were present in the home.

On 4/17/18, there were 23 residents residing in the home. From 10:00 p.m. until 6:00 a.m. on 4/18/18, direct care staff persons F and J were on duty. However, direct care staff persons F and J were not trained in first aid and certified in obstructed airway techniques and CPR nor were any ancillary staff persons who were present in the home.

On 4/19/18 there were 23 residents residing in the home. From 6:00 a.m. until 2:00 p.m., direct care staff persons G, H and I were on duty. However, staff persons G, H and I were not trained in first aid and certified in obstructed airway techniques and CPR nor were any of the ancillary staff persons that were present in the home.

On 4/19/18 there were 23 residents residing in the home. From 2:00 p.m. until 10:00 p.m., direct care staff persons D and K were on duty. However, staff persons D and K were not trained in first aid and certified in obstructed airway techniques and CPR nor were any of the ancillary staff persons that were present in the home.

On 4/19/18, there were 23 residents residing in the home From 10:00 p.m. until 6:00 a.m. on 4/20/18, direct care staff persons E and F were on duty. However, direct care staff persons E and F were not trained in first aid and certified in obstructed airway techniques and CPR nor were any of the ancillary staff persons who were present 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.

See Attached Sheet  
 PAGE 314 OF 61

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>George Knox</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
George Knox	6/1/18

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

The above plan of correction is approved as of 6-7-18  
 (Date)

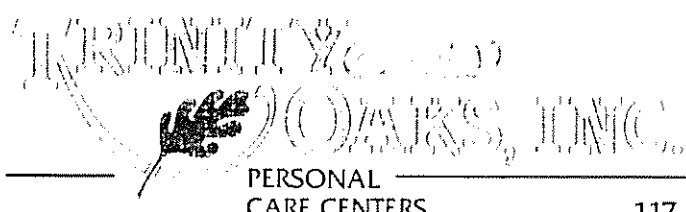
Plan of correction implementation status as of 6-7-18  
 (Date)

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

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

Page 3 of 11

RECEIVED  
JUN 04 2018



Come On Home

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Regulation 2600.63(a)

1. Regulation 2600.63(a) is important because it insures that staff gets proper training in CPR/First Aid so they are able to better handle and emergency situation.
2. Between 4/15/18 to 4/19/18 it was observed by the inspectors that we had shifts in which staff members did not have a current CPR/First Aid training.
3. Some of the staff members where new to the building. However, our CPR/First Aid training had lapsed at the end of March 2018. The home had trouble finding a CPR instructor that would come out in a timely manner and fit into our yearly training budget.
4. All staff was trained on 4/20/2018 in CPR/First Aid. This training is good for two years. We are now compliant on all shifts.
5. Instead of waiting for our CPR/First Aid training to lapse the Administrator whom handles trainings, will schedule a trainer a month or two before the lapse date. Effectively ending this issue. We have set up a reminder 5 months before the lapse date in our computer software allowing advanced notice to the administrator. Its inevitable that we will get new staff members whom may not have CPR/First Aid training. So from a scheduling front we now have put a blue cross next to the names of our staff whom have the CPR/First Aid training allowing us to make sure every shift has someone with current training.
6. Our administrator and scheduler are tasked with making sure all staff has current CPR/First Aid training and that each shift has at least one staff member with up to day training.

*George Knox*  
George Knox

6/1/18

6-7-18 ✓

JUN 04 2018

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki

PCH Name: TRINITY OAKS II

**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 I provided unsupervised direct care to residents during the month of April 2018. However, staff person I has not successfully completed and passed the Department-approved direct care training course and competency test.

Direct care staff person L provided unsupervised direct care to residents during the month of April 2018. However, staff person L has not successfully completed and passed the Department-approved direct care training course and competency test.

**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.*

See Attached Sheets  
PHYSICIAN

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*George Knox*

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

*George Knox*

Date *6/1/18*

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

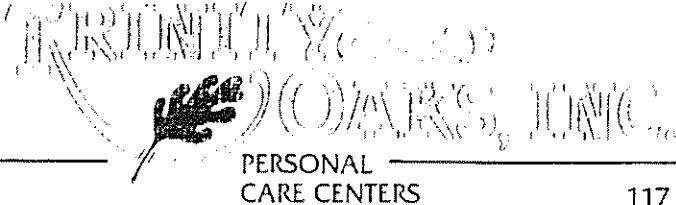
The above plan of correction is approved as of 6-7-18  
(Date)

Plan of correction implementation status as of 6-7-18  
(Date)

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

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

Come On Home



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Regulation 2600.65(d)

1. This regulation is important because it make sure that all staff persons working within the home are aware of home policies, residents' rights, mandated reporting, and the procedures for responding to a medical emergency.
2. Two of our newest employees had not completed the DHS competency training and test.
3. At times in the industry it's hard to know if a person hired will stick. We often place new hires with trainers who show them the job and then the test is taken on the next shift. The administration missed give both these new hires the test.
4. Both of the employees have taken the test and passed it successfully. Their employee records have a copy of the certificate.
5. In the future the home is going to make new hires pass the test upon first orientation after hiring and not wait for the shadow shift to be over. This will also enable the home to see if a new employee is suited for the job as well.
6. Our administrator is now responsible for having new hires pass this test upon first orientation.

*George Knox*

*6/1/18*

*George Knox*

*G-1-18*

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
 PCH Name: TRINITY OAKS II

JUN 04 2018

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B did not receive training in medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, or infection control during the 1/1/17 through 12/31/17 staff training year.

**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.

See Attached Sleet  
 Page 5 AXIS

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2017	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *George Knap*

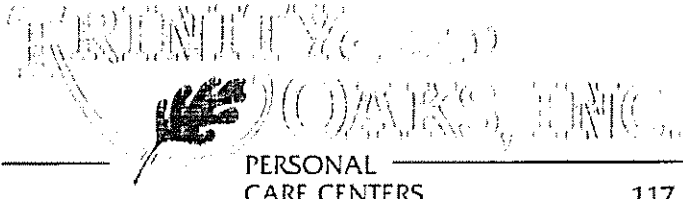
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *George Knap* Date *6/1/18*

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

The above plan of correction is approved as of <u>6-7-18</u> (Date)	Plan of correction implementation status as of <u>6-7-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PAGE 5A OF 15

JUN 04 2018



Come On Home

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Regulation 2600.65(f)

1. This regulation is important because it makes sure our staff persons have the proper training to assist and help our residents thrive within our community.
2. Upon review of one of our staff records it was discovered that a staff member had not completed topics 1,2,4 in our training year of 2017.
3. We believe that this was a filing error. Our administration is currently looking for these missing documents. This staff person did attend these trainings; the papers however are missing.
4. We have scheduled all three of the trainings for this employee to take within the next 30 days.
5. In the future we must be more careful about our paper filing. A checklist has been added to each employee's file therefore the filing person can mark it off. This will be an effective tool to prevent future issues with missing papers. We have also started a secondary book that keeps backup copies of all trainings certificates for our employees. The administrator will do a quarterly check of all employee records for training making sure everything lines up properly and is filed in the correct spot.
6. Our administrative staff is responsible for all certificates in training. Our administrator will also be making sure each employees checklist and certificates lineup in his quarterly training checkup.

George Knox  
 George Knox  
 6/1/18  
 6-7-18

JUN 04 2018

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

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  
Ancillary staff person M 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 the 1/1/17 through 12/31/17 staff training year.

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.

See Attached Sheet →  
Page 6A of 15

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

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

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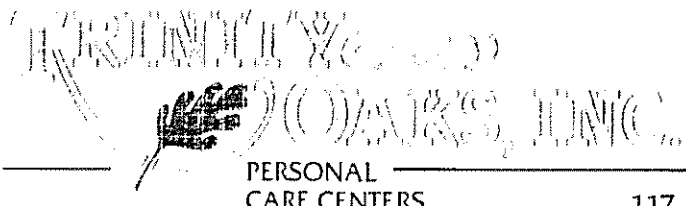
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 6-7-18 (Date)

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

RECEIVED

JUN 24 2018



Come On Home

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Regulation 2600.65(g)

1. This regulation is important because it makes sure our ancillary staff is able to response to an emergency properly and affectively. It also ensures they know what mandatory reporting is.
2. A member of our staff didn't have the certificate form from our fire training for the year of 2017.
3. At the time of the violation our staff member had a missing certificate we believe this was a filing error as well.
4. We have contacted our fire instructor and he will be coming within the next 30 days to do a full retraining of all staff.
5. In the future we must be more careful when documenting and filing certificates. Likewise, in the previous violation a checklist has been added to each ancillary employee's file and we will mark trainings off as they occur. Our administrator will do a quarterly check of all employee records for training making sure everything lines up properly and is filed in the correct spot. Ancillary staff also fall under our second copy training book that we have started that keeps backup copies of everyone's certificate.
6. Our administrative staff is responsible for all certificates in training. Our administrator will also have a hand in making sure each employee has a checklist and certificates that lineup with current training. Again this will happen quarterly.

Immediately: FF training records for staff person M cannot be found the home shall provide the staff person with the training.

6-7-18.  
y

George Knox 6/11/18

George Knox

6-7-18.

JUN 04 2018

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

Redacted information  
Redacted information

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

At 10:05 a.m., there was a 10oz bottle of Dermasil Dry Skin treatment with warning: If swallowed, get medical help or contact a poison control center in the unlocked cabinet in the linen closet of the unattended beauty shop.

At approximately 10:10 a.m., there was a 12oz spray bottle of Sterient spray disinfectant with warning: if swallowed immediately call a poison control center or doctor in the cabinet under the sink in the common restroom at the end of the hall on the home's "old side."

Resident #4 has not been assessed as able to safely use and avoid poisons.

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.

See Attached Sheet →  
PCH 7A 0615

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2017		
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Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox* Date *6/1/18*

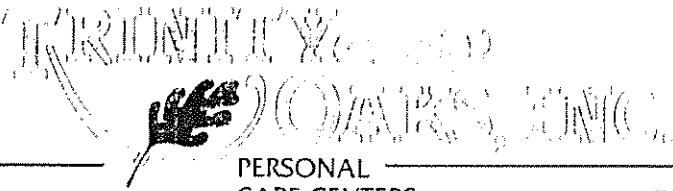
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-7-18  
(Date)

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

Plan of correction implementation status as of 6-7-18  
(Date)

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



FILED

JUN 09 2018

### Come On Home

PERSONAL CARE CENTERS  
Regulation 2600.82(c)

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

1. This regulation helps the home protect its residents who are not able to avoid poisons safe. Residents safety is our top goal.
2. During our inspection it was discovered that in two locations of our home poisonous materials were in the open and accessible. We do serve residents whom may have issues with these materials.
3. In the issue of the Dermasil Dry Skin Treatment the using staff member failed to lock the cupboard back up after use. Also the cleaning staff left a bottle of disinfectant air spray under the sink in the public bathroom so when visitors use the bathroom they can spray to cover unsightly odors.
4. A staff retraining was done about poisons materials on May 28<sup>th</sup> 2018. Staff did a sweep of areas throughout the home to make sure every material was locked. We've added signs to common area's reminding staff and visitors alike to keep poisons locked at all times. The flyer gives the state guidelines from what a poison is. The flyer also urges employees and visitors to report anything they see so we can properly store or destroy the material.
5. More frequent staff training is need so administration will be doing bimonthly sit downs with all staff who use materials deemed poison. We have also appointed a poison monitor. Our head cleaning girl has been appointed to the task of daily checking common and private areas to make sure everything is kept locked. When the head cleaning girl isn't available or the assistant administrator will do the check.
6. We entrust all staff with keeping poisons out of reach for residents who cannot determine safe or not. Our poison monitor will help keep us poison locked and away by doing daily sweeps but people need days off so the assistant administrator will step in and do the task as well.

*George Kump*

*6/1/18*

*George Knox*

*6-7-18*

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

JUN 04 2018

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

City of Philadelphia  
Public Works Department

2a. DESCRIPTION OF VIOLATION

At 10:30 a.m., there was a saturated black floor mat that measured approximately 3' by 4' in front of the shower in the shower room on the "new" side of the building. The floor around and under the mat was wet and there was a strong mildew-like odor when the mat was lifted.

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

See Attached Sheet →  
Page 8 of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*George Knox*

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

George Knox

Date

6/1/18

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

The above plan of correction is approved as of

6-7-18  
(Date)

Plan of correction implementation status as of

6-7-18  
(Date)

Fully Implemented

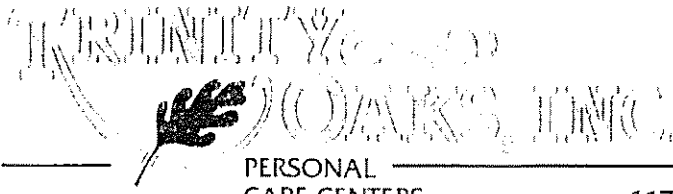
Partially Implemented - Adequate Progress *g*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

X  
(Initials)



PA 82-015

06/01/2018

JUN 01 2018

Come On Home

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Regulation 2600.85(a)

1. This regulation is important because it greatly minimizes the risk of resident illness, rodent and insect infestation, and provides healthy living conditions for our residents.
2. At 10:30am during the inspection there was a black mat in our shower room that is used in front of the shower. The mat was wet and had a mildew like order coming from it. The mat is to be removed daily to dry and it was not.
3. The mat was not removed to dry properly allowing it to start smelling after catching the water for the evening and morning showers.
4. The mat has been removed and replaced with new nonslip.
5. We believe by replacing the mat with something that doesn't soak in water we are able to remove the smell and issue of a wet mat. We've also bought 5 more mats that our now in our storage that will go directly into use next time a mat is worn out or has an issue.
6. We are working with our cleaning and maintenance staff to solve this issue. We have empowered them and all staff to fix an issue like this if they can or come to the administration for a fix.

*George Knox*

6/1/18

George Knox

6-7-18

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

JUN 04 2018

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

At 10:30 a.m., the baseboard was missing from an area of approximately 12" to 16" along the wall on both sides of the shower on the new side of the home. The exposed wall board was wet, spongy and had dark brown/black mildew-like spots extending up the wall approximately 3". The bottom 3/4" of wallboard was rotted away with rotted area extending approximately 3" up the wall.

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.

See Attached Sheet →

PAGE 9 OF 14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox* Date *6/1/18*

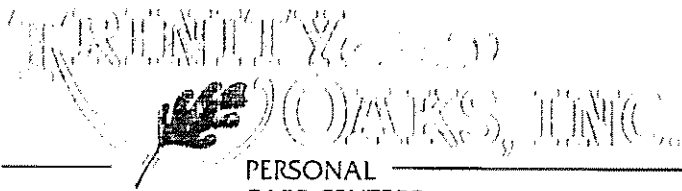
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-7-18 (Date)

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

Plan of correction implementation status as of 6-7-18 (Date)

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



Page 9 of 15

JUN 04 2018

Come On Home

PERSONAL CARE CENTERS

117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Regulation 2600.88(a)

1. This regulation is set up to help homes safely meet the needs of their residents with living condition guidelines. It helps minimize risks for our residents.
2. During our inspection our shower room had missing baseboard and wet spongy wall board was visible. The area had some mildew like spot present as well.
3. The violation was caused by a leaking shower drain. It was on the schedule for replacement but the job had not been completed yet.
4. The shower and surrounding materials were replaced on May 14<sup>th</sup> 2018. The home replaced the leaking shower drain and old soiled materials with anti-mold and mildew materials.
5. The home will hire a new director of maintenance within the next 60 days after not having someone in that position for over a year. This person's task is just to monitor and do general upkeep on our residence. Upon hire he'll be trained in regulations pertaining to the building and safety. However, until this director of maintenance is hired our assistant administrator will be tasked with doing a weekly walk through of area's that under heavy use. He will be able to identify problems and have them fixed in a timely manner.
6. We rely on all staff to make sure our building is in safe and working order. At times however it takes a keen eye to see an issue that's going to become a major problem that's why until a maintenance director can be hired our assistant administrator will make weekly checks.

George Kump 6/1/18

George Kump 6-7-18

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

JUN 04 2018

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards

DEPARTMENT OF PUBLIC WELFARE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5's bed with a bed enabler attached. There are two openings in the enabler that measure 9 3/4" X 4 1/2" each. There is no covering on the bed enabler presenting an entrapment hazard.

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

SEE ATTACHED SHEET →

Page 10 of 15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *George Knox*      Date *6/1/18*

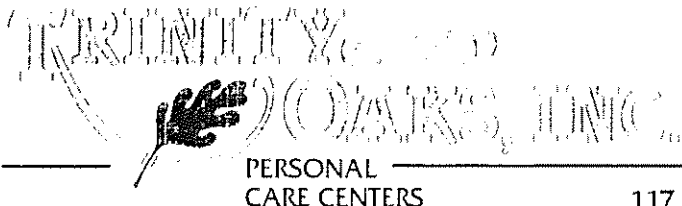
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-7-18  
(Date)

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

Plan of correction implementation status as of 6-7-18  
(Date)

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



Page 102 of 118

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PERSONAL  
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117 Shadyrest Road • Ellwood City, PA 16117 • 724-752-9166

Regulation 2600.95

1. This regulation is important because it set up safety guidelines for our residents. The home must be aware of potential hazards so they can be removed before a resident gets hurt.
2. During inspection a bed enabler was measured and the openings were deemed to be an entrapment hazard.
3. The family brought in the bed enabler and wished for the resident to have it even though the resident doesn't use it often. There's no cover on this model and it could be a potential hazard.
4. The bed enabler has been removed. The home has been in contact with the family to get a safer bed enabler for the resident.
5. The home now has amended its bed enabler policy. In the future no bed enablers will be allowed unless they have some kind of cover system that prevents potential entrapment is installed on it.
6. All staff is tasked with keeping our residents safe. It will be at the discretion of our director of care to allow bed enablers installed that fit our new guidelines.

George Knox 6/1/18  
 George Knox 6-7-18

JUN 04 2018

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

Department of Community and Technical Services  
Fire and Emergency Services Bureau

**1. REGULATION 55 Pa.Code §2600**  
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
The home's fire drill record did not include the specific time of the fire drill conducted on 2/17/18. The fire drill record indicates 5:55.  
The home's fire drill record does not indicate the number of residents present in the home at the time of the drill as follows: 8/4/17 at 11:00 p.m., 9/8/17 at 2:30 p.m., 10/9/17 at 9:30 a.m., 11/13/17 at 6:10 a.m., 12/9/17 at 4:30 p.m., 1/5/18 at 9:30 a.m., 2/17/18 at 5:55, 3/14/18 at 10:00 a.m., and 4/9/18 at 5:30 p.m.

**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.

SEE ATTACHED SHEET →  
PAGE 11 OF 15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/28/2017

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

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

The above plan of correction is approved as of 6-7-18 (Date)

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

Plan of correction implementation status as of 6-7-18 (Date)

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

Regulation 2600.132(c)

1. This regulation is important because it helps the home meet all regulation goals when it comes to fire drills. It also helps the home identify problems with fire policies and exit plans.
2. During the inspection it was discovered that our administrator who handles the logs didn't put down a number or residents exited for the last nine months and didn't put a time stamp of am or pm on the log for February.
3. This is administrator error. He did not correctly log our drills.
4. We've added a checklist for each log to help remind him of what needs to be charted at each drill. Also his administrative assistance will check each log to at the time of the drill help get the correct information.
5. In the future the administrator will be more through throughout the process of charting. His administrative assistant will make sure everything is proper charted.
6. The administrator and his assistant are solely responsible for making this charting error. They will rely on each other to make sure the proper information is charted correctly.

George Knox 6/1/18

George Knox

6-7-18 ✓

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

JUN 04 2018

1. REGULATION 55 Pa.Code §2600

ASSISTANT ATTORNEY GENERAL  
Human Services Licensing

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #6's medical evaluation, completed on 11/18/17, indicates that resident is to receive a "soft diet". The resident underwent a swallow evaluation during a 3/2/17 hospital admission at which time it was recommended that resident be provided a mechanical soft diet with thin liquids. However, at 12:15 p.m., resident #6 was eating a sloppy joe on a whole hot dog bun and several baked onion rings cut into sections measuring approximately 1/4-1/3" diameter X 2" long.

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.

See Attached Sheet →  
PAGE 12 OF 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

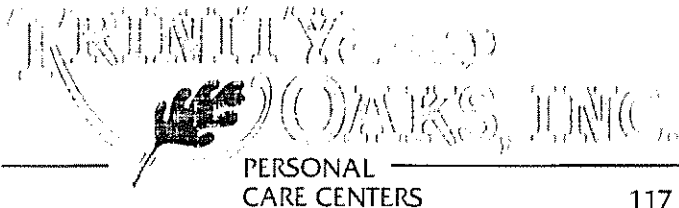
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The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 6-7-18 (Date)

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



PH 12/20/15

RECORDED

JUN 04 2018

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Regulation 2600.161(d)

1. This regulation is important because it states that a home must follow all orders for a resident's diet. If the home does not meet these requirements it may cause harm to the resident.
2. During the inspection it was noticed that one of our residents did not receive their proper diet due to some confusion about which diet she was supposed to be on. The resident was served some softer foods instead of mechanical soft foods and thin liquids.
3. An error on the behalf of our kitchen staff. They gave resident foods that are not normally part of a mechanical soft diet.
4. The home has gotten clarity on which diet to precede with and all papers dealing with this have been updated. The resident is to be on a mechanically soft with thin liquids diet. Kitchen staff has been retrained on the differences between in diets and the home has made sure the residents diet is being strictly followed.
5. The communication between staff and doctor must be more clear plus staff must make sure they know the differences between diets. The homes administrator has posted flyers in the kitchen on diet types and food preparation for each diet to ensure our staff meets each residents dietary need. Plus, our staff will check with the doctor on a bimonthly basis to make sure a resident is diet is still the current plan. This information will be charted in each resident who has dietary needs chart.
6. All staff is responsible for making sure our residents are safe and having their needs met. Kitchen staff will be responsible for knowing which resident can have what. They will be overseen by our administrative assistant who also does food purchasing.

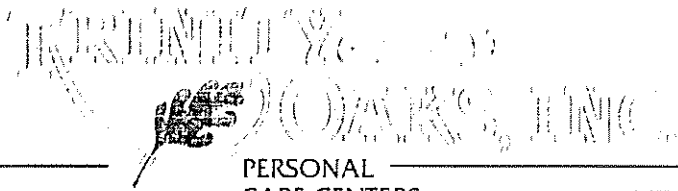
George Knox

6/1/18

George Knox

6-7-18





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JUN 04 2018



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PERSONAL CARE CENTERS

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Regulation 2600.185(A)

1. This regulation is important because it reduces the risk that medications and medical equipment being improperly used.
2. During the inspection it was detected that even though one of our residents' blood glucose readings were charted they weren't logged in the glucometer.
3. The home has come to the conclusion that improper charting or a malfunctioning glucometer was to blame for this violation.
4. The home has clarified with the residents doctor how often the home is to check his glucose levels. That check now will occur only on a weekly basis, instead of daily. We have also gotten a new glucometer and retrained all staff that use it.
5. In the future we will do a weekly check of every glucometer to make sure every value is stored inside it. If we come across a malfunction or error, we will chart it and order a new glucometer, keeping the old for the previous values. We will also continue to log every value to give ourselves a double check method.
6. Any person who handles medication and distribution of diabetic supplies is responsible for making sure the equipment is in proper working order. The medication supervisor will be doing daily checks of the area to make sure all protocols are being followed.

*George Knox*

*6/1/18*

*George Knox*

*6-7-18*

Violation Report: 45857 - 04/27/2018 - Pfaff, Vicki  
PCH Name: TRINITY OAKS II

JUN 04 2018

REGISTRATION DIVISION  
Human Services Licensing

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

Direct care staff person B most recent Department-approved diabetes patient education program was completed on 10/12/16. However, direct care staff person B administered insulin to resident #7 at 8:00 p.m. on 4/2/18, 4/3/18, 4/4/18, 4/7/18, through 4/11/18, 4/16/18, 4/17/18, 4/18/18, 4/23/18, and 4/26/18.

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

See Attached Sheet →

PP 14 of 15

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

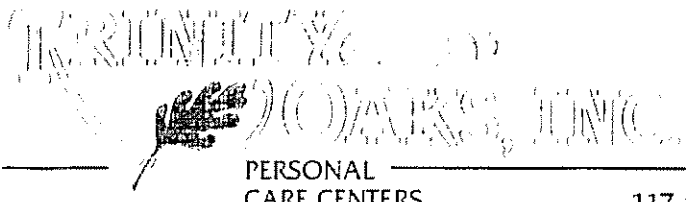
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-7-18 (Date)

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

Plan of correction implementation status as of 6-7-18 (Date)

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



PAGE 14 OF 15

6/1/18

JUN 9 2018

Come On Home

PERSONAL CARE CENTERS

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Regulation 2600.190(B)

1. This regulation is important because it makes sure staff who handle insulin and other diabetic supplies handle them safely and effectively.
2. During the inspection it was detected that one of the staff who had been handling diabetic supplies training had lapsed.
3. The home did not have an insulin dependent diabetic in the residence for over a year and we missed the staff retraining course for 2017.
4. The home retrained all its medication staff in diabetes treatment and use of diabetic supplies on May 15<sup>th</sup> 2018.
5. The home will use the model set forth with CPR and First Aid. Our computer program will notify us 5 months out from lapse so we have enough time to schedule a refresher course. Also if the home does not serve a diabetic resident at the time of lapse we will still keep everyone training current incase a resident does arrive.
6. Our administrator will be responsible for making sure all staff is compliant.

*George Knapp* 6/1/18

George Knapp

6-7-18  
S

JUN 04 2018

Report: 45857 - 04/27/2018 - Pfaff, Vicki

Name: TRINITY OAKS II

REGULATION 55 Pa. Code §2600  
REGULATIONS

REGULATION 55 Pa. Code §2600

30.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

All of the residents' assessments and support plans are kept locked in the home's "records room." Staff working the 2:00 p.m. to 10:00 p.m. and 10:00 p.m. to 6:00 a.m. shifts do not have access to the records room or the support plans.

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

See Attached Sheet →  
PHYSICIAN

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

Signature of Legal Entity Representative (Required on EVERY Page) *George Knox*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *George Knox*      Date *6/1/18*

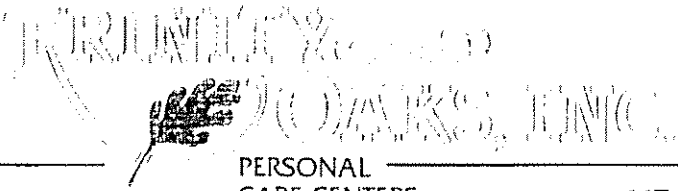
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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented



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**JUN 04 2018**  
*11:44 AM*

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#### Regulation 2600.227(i)

1. This regulation is important because it allows staff who are responsible for meeting a resident needs to be aware of the plan to meet those needs.
2. During the inspection it was determined that staff on afternoon and night turn shifts do not have accesses to our locked records room.
3. The violation was cause by the staff not having a key and the home want to keep all residents records and employee records in the same location for easy storage. To access these records on those shifts the staff would have to call the our on call assistant administrator and he would come over to unlock the door.
4. Staff now have been given a key and access to the room 24/7. The employee records have been moved to another secure location.
5. No further violation can occur now that staff has a key to this room.
6. Keeping resident records and information private is a task that all staff must take on. We are certain now that an 24/7 access key will prevent future violations.

*George Knox 6/1/18*

*George Knox 6-7-18*