



May 23, 2019

Ms. Michelle Grimm
Owner/Administrator
Horizon Personal Care Home, Inc.
9 South Morgantown Street
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home
Certificate #: 413830

Dear Ms. Grimm:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 2018 and May 15, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

RECEIVED

MAY 03 2019

Western Region

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: MICHELLE GRIMM		Region: WEST
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		
Certificate(s) of Occupancy C-2 LP 10/13/2000 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2018: Winters, Lynn; Summers, Vicky 05/15/2018: Winters, Lynn; Summers, Vicky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 21 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: 6 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

On 5/15/18, the resident privacy coding document for License Inspection Summary dated 5/5/17 was posted on the bulletin board in the hallway across from the bottom of the steps leading to the 2nd floor. This document listed multiple residents, to include residents #1, #2, and #3.

On 5/8/18 at 9:40 AM, medication lists for resident #4, resident #5 and resident #6 were unlocked, unattended and accessible in the closet containing the medication refrigerator.

[Redacted]

This section withdrawn 5/3/19 *SE*

SE 5/3/19

On 5/8/18 at [Redacted] 1:30PM, resident records for resident #8 and resident #9 were unlocked, unattended and accessible on the couch in the 2nd floor common 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.

All resident records will be kept locked up at all times. Inspection report will have the resident names document removed prior to posting. All staff, including visiting nurses, will be made aware of this regulation via staff meeting on May 3rd 2019.

Administrators ^{or designated staff person,} will monitor the home daily to ensure compliance.

Privacy coding was removed immediately - The closet was immediately locked during inspection - Resident records were locked immediately.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19 (Date)

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

Plan of correction implementation status as of 5/3/19 (Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

MAY 08 2019

1. REGULATION 55 Pa.Code §2600 Western Region
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

On 5/8/18, there was no carbon monoxide detector installed in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, in or near the basement furnace room, which contains a gas furnace.

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.

Carbon monoxide alarm was installed on May 8th 2019.
Batteries will be checked monthly during fire drills by administrative staff person.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michael R. Grimm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michael R. Grimm* Date *5-2-19*

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(Initials)

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa. Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #8, admitted 1/20/17, was not signed by the resident and there was no indication that the resident was unable or unwilling to sign.

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

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

Resident 8 signed her contract.

Upon admission administrator will review each resident contract to be signed in accordance with 2600.25(b).

Within 30 days the administrator or designee will audit all resident contracts for compliance with 2600.25(b).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R Grimm

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

Michelle R Grimm

Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
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Western Region

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

2a. DESCRIPTION OF VIOLATION

The home was video recording in the following areas:
Camera 1-Common area and resident hallway
Camera 2- Common living area on 1st floor, including front door
Camera 3-1st floor kitchen
Camera 4-1st floor common sitting area at back of home behind dining area
Camera 5-Dining area including 2 tables and part of 1st floor sitting area, including a resident recliner
Camera 6-2 tables in resident dining area
Camera 10-Front sitting area on 1st floor and dining area with view of common restroom

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

The home no longer uses video monitoring as of 5-9-19.

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Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
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Western Region

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

On 5/8/18, staff person C, hired 10/2/17, had not successfully completed the Department-approved direct care training course and passed the competency test. Staff person C provided direct care services to residents of the home on multiple dates, to include 4/10/18, 4/28/18, and 5/7/18. Staff person C did complete the Department-approved direct care competency test on 5/14/18.

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.

Staff person (C) is no longer employed.
 Administrator will ensure competency test is completed before providing care. Within 30 days administrator will ensure compliance with 2600.65(d) audit all direct care staff training file staff records to

5/3/19

SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Michelle Grimm</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Michelle Grimm</i>	<i>5-2-19</i>

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

There is no documentation of the length of trainings for staff person D during the 2017 annual training year that was from 1/1/17 to 12/31/17, so there is no way to determine that staff person D received 12 hours of annual training.

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

Staff person (D) is no longer employed. audit all direct care staff rec SE
audit all direct care staff training files to
Within 30 days the admin w designate will ensure compliance with 2600.65(e) 5/3/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm

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

Michelle R. Grimm

Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

Staff person D, hired 3/13/13, did not receive training in Medication Self-Administration during the 1/1/17 - 12/31/17 annual 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.

Staff person (D) is no longer employed.
 Within 30 days adm or designee will check all staff records for compliance with 2600.65(f)
 During the 1-1-18 - 12-31-18 training year.
 Immediately and monthly administrative or designee will audit staff records for compliance with 2600.65(f)

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/05/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature] EN

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

Michelle R. Grinn

Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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


Staff person D, hired 3/13/13, did not receive fire safety training completed by a fire safety expert or staff person trained by a fire safety expert during the 1/1/17 - 12/31/17 annual 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.

Staff person (D) is no longer employed.

Fire safety training was completed for all staff on 12-3-18.

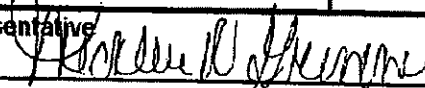
all staff training  5/3/19

Within 30 days admin or designee will audit files for compliance with 2600.65(g)

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)

Michelle R. Grimm

Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa. Code §2600


2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training for staff person D does not include the number of training hours or source for trainings completed during the 1/1/17 - 12/31/17 annual 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.

Staff person (d) is no longer employed. all staff training  5/3/19
Within 30 days adm or designee will audit files for compliance for 2600.65(i)

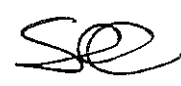
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle R. Grimm Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
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MAY 08 2019

1. REGULATION 55 Pa. Code §2600
2600.66(a) - A staff training plan shall be developed annually.

Western Region

2a. DESCRIPTION OF VIOLATION
On 5/8/18, the home did not have a 2018 staff training plan.

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

Staff training plan was developed on 5-15-18.

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

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(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 5-2-19

Michelle R. Grimm

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC Western Region

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 every resident in the home is assessed as able to safely recognize and avoid poisonous materials.
On 5/8/18 at approximately 9:40 AM, a 1/4 full 32 oz bottle of Hydrogen Peroxide, with a label indicating to call a poison control center if swallowed, was unlocked, unattended and accessible in the closet used to store the medication refrigerator.
Resident #6 is assessed as being unable to safely use and avoid poisonous materials.

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 door was immediately locked.
All staff including visiting nurses will be made aware of this regulation 2600.82(c) via staff meeting on May 3rd 2019.
Administration w/ designee will monitor daily to ensure compliance of 2600.82(c).

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle R. Grimm Date 5-2-19

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
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Western Region

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 5/8/18 at 9:49 AM, the ceiling light in the 1st floor common bathroom next to bedroom 6 did not work.

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

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

A light bulb was installed on 5-18-18.

Staff members will inspect all bathrooms when cleaning to ensure lights work properly & notify administratively if any problems are noted, to ensure compliance with 2600.87

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm

Printed Name and Title of Legal Entity Representative
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Michelle R. Grimm

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Western Region

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

On 5/8/18 at 9:49 AM, the hot water temperature in the sink in the common bathroom beside bedroom #6 was 139.4 degrees Fahrenheit.

On 5/8/18 at 9:56 AM, the hot water temperature in the sink in the half-bathroom beside bedrooms #7 and #8 was 130.6 degrees Fahrenheit.

On 5/8/18, the hot water temperature in the sink in the 2nd floor kitchen was 126.3 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.

Immediately the hot water tank was turned down on 5-8-18
The temp was below 120° -
Staff meeting on 5-3-19 will include this regulation of 2600.89(b)
Mgmt Adm or designee will monitor monthly of compliance of 2600.89(b)
Within 30 days the administration is designee

Repeat Violation: No

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Western Region

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 5/8/18, the middle connecting bracket was broken on the handrail for the staircase leading from the 1st to the 2nd floor.

On 5/8/18, the railings were loose along on both sides of the front steps leading from the home to the street. The left railing moved approximately 6" side to side and the right railing moved approximately 4" side to side.

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 handrail was immediately fixed on 5-8-18 -
New railings ^{Bracket} were installed on staircase leading upstairs on 5-8-18.
adm or designer will check monthly for compliance of 2600.93(a)


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) Michelle K. Grimm Date 5-2-19

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

The above plan of correction is approved as of 5/3/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5/3/19
(Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 5/8/18, the first aid kit in the supply closet next to the med room was missing antiseptic, adhesive bandages, a thermometer, adhesive tape, and eye coverings.

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.

First aid kit items were immediately put in kit.

5/3/19

Staff meeting will review this regulation.

on 5/3/19

SE

adm or designee will check weekly for compliance of 2600.96(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm

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

Michelle R. Grimm

Date 5-2-19

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The above plan of correction is approved as of 5/3/19
(Date)

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

Plan of correction implementation status as of 5/3/19
(Date)

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

MAY 03 2019

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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 #10's lamp could not be reached from her bedside on 5/15/18.

Residents #3 and #11 have a lamp between their beds that cannot be reached by either resident from his/her 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.

Immediately tables were moved to bedside on 5-18-18.

Staff members will check weekly during ^{Home} cleaning schedule for compliance of 2600.101 (j)(7)

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)

Michelle R. Grimm

Date 5-2-19

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

MAY 03 2019

Western Region

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION


The home's emergency preparedness plan does not include a means of transportation should relocation of residents become necessary.

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.

Reparation is next door at Yardsence bro building which is within walking distance.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>MICHELLE R. GRIMM</u>	Date <u>5-2-19</u>
---	--------------------

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

The above plan of correction is approved as of 5/3/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5/3/19 (Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
 PCH Name: HORIZON PERSONAL CARE HOME INC

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

MAY 03 2019

Western Region

2a. DESCRIPTION OF VIOLATION
 There was no fire drill held during sleeping hours between 9/10/17 and 5/14/18.

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.

Night time fire drills was held immediately on 5/14/18.

Administration developed a tracking system to ensure compliance of
 2600.132(e)

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/05/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michelle R. Grimm Date 5-2-19

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

The above plan of correction is approved as of 5/3/19
 (Date)

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

Plan of correction implementation status as of 5/3/19
 (Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #9's initial medical evaluation, dated 10/24/17, does not include blood pressure, temperature, height, weight, or pulse. These sections of the form are blank.

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

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

Resident #9 DME was updated on 5-9-18.

Administration now completes these sections of these forms & doctor reviews upon completion.

Adm or designee will check within 30 days all resident records for compliance of this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle R. Grimm

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

Michelle R. Grimm

Date 5-2-19

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(Date)

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(Initials)

Plan of correction implementation status as of 5/3/19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
 PCH Name: HORIZON PERSONAL CARE HOME INC

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

RECEIVED

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #12 was completed on 11/21/16.

MAY 03 2019

The most recent medical evaluation for resident #6 was completed on 9/17/16.

Western Region

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.

Drugs for residents # 12 & # 6 was completed on 5-10-18.

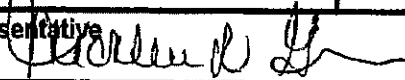
Within 30 days ADM or director will monitor your compliance of 2600.141(b)(1)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/05/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Michelle R Grummi

Date 5-2-19

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

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 (Initials)

Plan of correction implementation status as of 5/3/19
 (Date)

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- Not Implemented

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

On 5/15/18, the menus posted in the home were for the week of 5/13/18 to 5/19/18, which was the current week.

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.

Menu's ~~were~~ dated for 5/13/18 to 5/19/18 were posted immediately on 5/8/18.

Admin or designee will check weekly for compliance 2600.162(c)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19
(Date)

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

Plan of correction implementation status as of 5/3/19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

MAY 03 2019

1. REGULATION 55 Pa.Code §2600

Western Region

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

According to multiple staff interviews, resident #12 was administered the following medications; however, the home had no physicians' orders for the medications, nor was there documentation of medication administration:

- *Between 4/6/18 and 5/8/18 approximately 15 0.5 mg tablets of risperidone
- *Between 4/24/18 and 5/8/18 approximately 7 15 mg tablets of mirtazapine

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.

Physician orders were obtained immediately on 5-9-18.
Now updated.

Beginning June 2019 adm on degree qualified to administer medications will audit medications in the home monthly for compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19 (Date)

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

Plan of correction implementation status as of 5/3/19 (Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 5/8/18, at approximately 9:40 AM, the cupboard containing the medication refrigerator was unlocked, unattended, and accessible. The refrigerator contained medication belonging to multiple residents, to include the following:

- * Resident #13-Latanoprost Sol. 0.005%
- * Resident #3-Novolog Flexpen and Levemir Flex Touch
- * Resident #5-Albuterol Neb 0.083%

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.

closet was immediately locked on 5-8-18.

^{error nr}
Staff meetings, including meeting nurses, will be made aware of this regulation via staff meeting on 5-3-19

Administration or designee will monitor daily to ensure compliance of 2600.183(b).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MICHELLE R GORMAN* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19
(Date)

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

Plan of correction implementation status as of 5/3/19
(Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.183(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 #6 was ordered Ofloxacin Dro 0.3% instill 1 drop into right eye 4 times/day x 5 days on 5/1/18. The medication was still on the medication cart on 5/8/18.

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.

Eye drops were disposed on 5-9-18.

Staff meeting will include 2600.183(d) regulation.

and all medications in the home

5/3/19

SE

Admin designer will monitor monthly to ensure compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Mickelle Grimm

Date 5-2-19

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

The above plan of correction is approved as of

5/3/19
(Date)

Plan of correction implementation status as of

5/3/19
(Date)

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

The above plan of correction was approved by

SE
(Initials)

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

According to multiple staff interviews, resident #12 was administered the following medications; however, the home had no physicians' orders for the medications:

- *Between 4/6/18 and 5/8/18 approximately 15 0.5 mg tablets of risperidone
- *Between 4/24/18 and 5/8/18 approximately 7 15 mg tablets of mirtazapine

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.

Orders were obtained on 5-4-18.

and audit medications in the home

5/3/19

Adm w/ discharge will monitor monthly for compliance of this regulation

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19 (Date)

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

Plan of correction implementation status as of 5/3/19 (Date)

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

MAY 03 2019

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

According to multiple staff interviews, resident #12 was administered the following medications; however, there was no documentation of medication administration:

- *Between 4/6/18 and 5/8/18 approximately 15 0.5 mg tablets of risperidone
- *Between 4/24/18 and 5/8/18 approximately 7 15 mg tablets of mirtazapine

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.

Orders were obtained on 5-9-18. Mon updated on 5-9-18
 and audit medications in the home *SE* 5/3/19
 and audit medications in the home
 adm or designee will monitor monthly for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Michael R. Grimm* RN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michael R. Grimm RN* Date *5-2-19*

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

The above plan of correction is approved as of <u>5/3/19</u> (Date) The above plan of correction was approved by <i>SE</i> (Initials)	Plan of correction implementation status as of <u>5/3/19</u> (Date) <ul style="list-style-type: none"> <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
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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

MAY 08 2019

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

Western Region

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolog inj Flexpen -Inject units subcutaneously twice daily based on sliding scale blood sugar. However, there is no record of a blood glucose check at 5:00 PM on 5/7/18 and there is no reading for that time/date in the resident's glucometer.

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 resident was out with family on 5-7-18.

Staff meetings will include proper 2600.187(d) regulation concerning correct documentation.

and audit medications in the home *SE* 5/3/19
and audit medications in the home

Adm or designee will monitor monthly for compliance of 2600.187(d)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle R. Grimm* Date *5-2-19*

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(Date)

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(Initials)

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(Date)

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Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

Staff person B, the home's administrator, indicated that staff persons A and E perform blood glucose checks; however, they have not successfully completed the Department-approved medications administration course or a Department-approved diabetes education program in the past 12 months.

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

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

Staff persons (a) & (e) no longer do blood sugar checks -
Only staff approved with diabetic training will perform
glucometer checks.

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)

Michelle R. Gunn

Date 5-2-19

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(Initials)

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(Date)

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- Not Implemented

MAY 03 2019

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have documentation indicating resident #9 has been educated regarding the resident's right to question or refuse a medication if the resident believes there may be a medication error.

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

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

Resident # 9 signed a form documenting education. *SE* 5/3/19

Admission after 5-2-19 will have this as part of the contract.

Within 30 days of receipt of the plan of correction: *SE* 5/3/19

Adm or designee will audit resident records to ensure compliance of 2600.191

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Drimm

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

Michelle Drimm

Date 5-2-19

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

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

There is no preadmission screening form for resident #9, admitted 10/25/17.

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

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

SE 5/3/19

for resident # 9
Pre admission screening was completed on 5-8-18

Upm admission administrator will review each resident preadmission screening is completed in accordance with 2600.224(a)

Within 30 days the administrator or designee will audit all resident files for compliance of 2600.224(a)

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/05/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Michelle R. Grimm

Date 5-2-19

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

The above plan of correction is approved as of 5/3/19
(Date)

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

Plan of correction implementation status as of 5/3/19
(Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn PCH Name: HORIZON PERSONAL CARE HOME INC	Western Region
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1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 On 5/15/18, there was no assessment completed for resident #9, admitted 10/25/17.

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

fofor resident #9 ^{SE} 5/3/19
 Assessment was completed on 5-8-18.

Adm n designee will audit monthly to ensure compliance § 2600.225(a).

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/05/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle R. Grimm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle R. Grimm</i>	Date <i>5-2-19</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>5/3/19</u> (Date)	Plan of correction implementation status as of <u>5/3/19</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
PCH Name: HORIZON PERSONAL CARE HOME INC

Western Region

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #6 was completed on 10/19/15.

The most recent assessment for resident #12 was completed on 11/19/16.

Bowel Management and Social & Recreational needs were not addressed on resident #12's assessment dated 11/19/16. These sections of the form were blank.


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.

Assessments were completed on resident # (a) on 5-11-18
resident # 6 on 5-8-18.

Admin or designee will ^{monitor} ~~ensure~~ these are done ^{monthly} ~~daily~~ to ensure compliance w/ 2600.225(c).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle C. Grimm Date 5-2-19

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The above plan of correction is approved as of 5/3/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5/3/19 (Date)

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

Violation Report: 41383 - 05/08/2018 - Winters, Lynn
 PCH Name: HORIZON PERSONAL CARE HOME INC Western Region

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 There was no photograph in resident #9's record.

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.

Photograph was obtained immediately.

Within 30 days adm or designee will audit all resident files for picture and date.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mickie R Grimm* Date *5-2-19*

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

The above plan of correction is approved as of 5/3/19
 (Date)

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

Plan of correction implementation status as of 5/3/19
 (Date)

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