



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

Ms. Shelley R. Smith
Administrator
Shelley R. Smith
1518 West Haines Street
Philadelphia, Pennsylvania 19126

RE: McCloud S Personal Care
License #: 145660

Dear Ms. Smith:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 7, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

Violation Report: 14566 - 08/07/2018 - Freeman, Sabrina
 PCH Name: MCCLOUD 3 PERSONAL CARE

1. REGULATION 55 Pa.Code §2800
 2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home failed to display a sign specifying the home is a no smoking facility.

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 no smoking sign is on display at the front door.
 Staff has been instructed to check daily & notify the Administrator if sign is removed. This will prevent re-occurrence.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith, Admin* Date *11/19/18*

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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: 14688 - 08/07/2018 - Freeman, Sabrina
PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for resident #1. The financial transaction record for resident #1 did not include amounts of deposits, amounts of withdrawals or the resident's current balance.

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 current financial transaction record for resident #1 is attached, showing deposits, withdrawals and current balance. It will continue to be maintained by the Administrator as required. This will prevent reoccurrence.

(see Attachment #1)

Administrator will immediately review all residents financial record for accuracy; and to ensure compliance with the referenced reg. Clients financial record will also be reviewed/audited quarterly. Documentation of audit/review of clients record shall be kept AA.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/08/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith Admin* Date *11/09/18*

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

The above plan of correction is approved as of *12/24/18* (Date) Plan of correction implementation status as of *12/24/18* (Date)

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

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

Violation Report: 14666 - 08/07/2018 - Freeman, Sabrina
PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2000
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The last documented quarterly statement for resident #1 was October 2017; additionally, the home failed to provide documentation that resident #1 received a quarterly account of financial transactions.

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 last 2 monthly bank statements were inadvertently not printed. Bank statements will be printed quarterly & attached to the form "quarterly financial summary", & will be completed by the administrator in a timely manner to prevent recurrence.

Administrator will review all residents financial record immediately, followed by a quarterly review. Administrator will continuously ensure compliance with the referenced reg. Review of clients financial records shall be documented. AA

Repeat Violation: Yes - Date(s) of Previous Violation(s): 01/06/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith Admin.* Date *11/19/18*

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The above plan of correction is approved as of 12/24/18 (Date)

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

Plan of correction implementation status as of 12/24/18 (Date)

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

Violation Report: 14568 - 08/07/2018 - Freeman, Sabrina
 PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 56 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION

Resident #1 is eligible for a rent rebate. During an interview with Staff person A, it was stated that the resident #1 received their rent rebate; however a review of resident #1's 2017-2018 financial transaction record and bank statement did not include documentation or verification that they received a rent rebate.

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 # 1 was admitted to the PCH on February 10, 2017. In July, he was contacted by his previous home and given his rent rebate. For this reason, we have no documentation of the financial transaction in his record. Since the rebate was not mailed to us, receipt of the funds will not be recorded on the bank statement. Attached is the bank statement for 2018, showing receipt of this year's rebate along with documentation showing the resident received his portion.

Administrator or a designee will review clients financial record quarterly and ensure continual compliance with the regs. AA. See Attachment # 2

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R Smith, Admin* Date *11/19/18*

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The above plan of correction is approved as of *12/14/18* (Date)

Plan of correction implementation status as of *12/14/18* (Date)

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

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

Violation Report: 14566 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 65 Pa.Code §2600
2800.61 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
The home failed to complete a criminal background check for staff person B.

Based on an interview with Staff person B she has been working for the facility for 4 months. Staff person B was not identified or included on the staff sheet. An interview with the Administrator (staff person A), confirmed staff person B was not on the schedule and the home did not have or complete a criminal background check.

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 B was a substitute from our other location. Her criminal background, high school diploma, documentation of all training required prior to or during the first work day, documentation of all training required within 40 scheduled working hours, documentation of the Department-approved direct care training course and passed competency test, and documentation to provide ADL services unsupervised are kept at the other site. All records for staff person B have been transferred to this location. Copies of all substitute staff's records will be kept at both sites to prevent reoccurrence.

Administrator or a designee will review all staff's record quarterly and ensure compliance with the referenced reg. Documentation of review shall be kept - AA

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith, Admin* Date *11/19/18*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 14566 - 08/07/2018 - Freeman, Sabrina
PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 65 Pa. Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The home failed to ensure direct care staff person B had documentation of a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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 B was a substitute from our other location. Her criminal background, high school diploma, documentation of all training required prior to or during the first work day, documentation of all training required within 40 scheduled working hours, documentation of the Department-approved direct care training course and passed competency test, and documentation to provide ADL services unsupervised are kept at the other site. All records for staff person B have been transferred to this location. Copies of all substitute staff's records will be kept at both sites to prevent reoccurrence.

Administrator will review all staff's training record quarterly - A checklist may be created for the review. Administrator will document the review and ensure continual compliance with the applicable regs. AA.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Sherry R. Smith

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

Sherry R. Smith, Admin

Date

11/19/18

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The above plan of correction is approved as of

12/24/18
(Date)

Plan of correction implementation status as of

12/24/18
(Date)

The above plan of correction was approved by

AA
(Initials)

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

Violation Report: 14566 - 09/07/2018 - Freeman, Sabrina
PCH Name: MC CLOUD 8 PERSONAL CARE

1. REGULATION 68 Pa.Code §2600
2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
(1) Evacuation procedures.
(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
The home failed to ensure staff person B received an orientation in general fire safety and emergency preparedness that included evacuation procedures; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location; the designated meeting place outside the building or within the fire-safe area; smoking safety procedures, the home's smoking policy and location of smoking areas; the location and use of fire extinguisher; smoke detectors and fire alarms; telephone use and notification of emergency services.

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

Staff person B was a substitute from our other location. Her criminal background, high school diploma, documentation of all training required prior to or during the first work day, documentation of all training required within 40 scheduled working hours, documentation of the Department-approved direct care training course and passed competency test, and documentation to provide ADL services unsupervised are kept at the other site. All records for staff person B have been transferred to this location. Copies of all substitute staff's records will be kept at both sites to prevent reoccurrence.

Administrator will review all staff's record quarterly, and ensure compliance with the regs. AA.

Repeat Violation: No.	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Shelley R. Smith</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shelley R. Smith Admin.</i>		Date <i>11/19/18</i>

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

The above plan of correction is approved as of <u><i>11/24/18</i></u> (Date)	Plan of correction implementation status as of <u><i>11/24/18</i></u> (Date)
The above plan of correction was approved by <u><i>AA</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: 14566 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 35 Pa. Code § 2600

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

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

2a. DESCRIPTION OF VIOLATION

The home failed to ensure staff person B received an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or the reporting of reportable incidents and conditions within 40 scheduled working hours.

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 B was a substitute from our other location. Her criminal background, high school diploma, documentation of all training required prior to or during the first work day, documentation of all training required within 40 scheduled working hours, documentation of the Department-approved direct care training course and passed competency test, and documentation to provide ADL services unsupervised are kept at the other site. All records for staff person B have been transferred to this location. Copies of all substitute staff's records will be kept at both sites to prevent reoccurrence.

Administrator will conduct an audit of all staffs training record quarterly. Documentation of the review shall be kept AA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Shelly R. Smith</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shelly R. Smith Admin</i>	<i>11/19/18</i>

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

The above plan of correction is approved as of 12/24/18
(Date)

Plan of correction implementation status as of 12/24/18
(Date)

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

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

Violation Report: 14666 - 08/07/2018 - Freeman, Sabrina
 PCH Name: MC CLOUD & PERSONAL CARE

1. REGULATION 88 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 ^B has been working at the home for 4 months. The home failed to ensure Staff person ^B successfully completed and passed the Department-approved direct care training course and passed the 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.

Staff person B was a substitute from our other location. Her criminal background, High school diploma, documentation of all training required prior to or during the First work day, documentation of all training required within 40 scheduled working hours, documentation of the Department-approved direct care training course and Passed competency test, and documentation to provide ADL services unsupervised are kept at the other site. All records for staff person B have been transferred to this location. Copies of all substitute staff's records will be kept at both sites to prevent recurrence.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shelley R. Smith Admin.* Date *4/19/18*

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

The above plan of correction is approved as of *4/24/18*
 (Date)

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

Plan of correction implementation status as of *4/24/18*
 (Date)

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

Violation Report: 14566 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 66 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
The home failed to conduct an unannounced fire drill during the month of August 2017 & September 2017.

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

The August 2017 + Sept 2017 drills were inadvertently not recorded on the log sheet. Going forward, staff will record fire drills when held each month. The administrator has reviewed the regulatory requirements with staff. The managers will remind staff of same + review the log monthly. This will prevent reoccurrence.
Administrator or a designee will review fire drills record monthly for accuracy, and to ensure compliance with the reg. Documentation of review shall be kept NA

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith Admin* Date *11/19/18*

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The above plan of correction is approved as of *12/24/18* (Date)

Plan of correction implementation status as of *12/24/18* (Date)

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

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

Violation Report: 14588 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLLOUD S PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

The overnight drills were conducted during sleeping hours on 4/21/17, 12/09/17, and 04/11/18.

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.

Five drills were misrecorded on the log - the daytime & overnight drills. In the future, drills will be held monthly & the overnight drills will be conducted every six months as required & recorded accurately. The administrator has reviewed the fire drill requirements with the staff. Staff will coordinate overnight drills with the manager to ensure they are held in a timely manner to prevent recurrence. Administrator will review homes fire drills record monthly, and ensure that drills are being conducted in accordance with the regs. AA.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shelley R. Smith Admin* Date *11/19/18*

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(Date)

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(Initials)

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Violation Report: 14568 - 08/07/2018 - Freeman, Sabrina
 PCH Name: MC CLOUD S PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Duloxetine and Gabapentin to be administered in the mornings at 8AM. However, the medication was incorrectly documented on the Medication Administration Record to be administered at 8PM, or to be taken at bedtime.

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.

When new medication is delivered monthly, the med packs and MAR's will be checked for accuracy to ensure they match. The manager will review MAR's around the 15th of each month to ensure accurate documentation. This will prevent reoccurrence.

Administrator will check all residents MARs Monthly - Doctors orders will be checked against MARs and med supplies to ensure accuracy. Documentation of the checks shall be kept AA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Shirley R. Smith			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Shirley R. Smith Admin		11/19/18	

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(Initials)

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- Not Implemented

Violation Report: 14588 - 08/07/2018 - Fraeman, Sabrina

PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2800

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have a current weekly activity calendar posted in a public and conspicuous place 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.

The previous month's activity calendar was posted at the time of inspection. Staff has been instructed to post the current month's calendar on the 1st of each month. The manager will remind staff to prevent reoccurrence. Administrator or a designee will routinely check the home for activity calendar on a weekly basis; and ensure continual compliance with the referenced reg. AA.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Shelley R. Smith

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

Shelley R. Smith Admin

Date 11/18/19

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AA (Initials)

Violation Report: 14688 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan and assessment failed to include the resident's entire medical diagnosis.

Resident #2's support plan and assessment included inaccurate information that did not pertain to the resident.

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

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

When support plans are completed annually, they will be proof-read by the manager to ensure all medical diagnoses are included and all other information is accurate. This should prevent a reoccurrence of this issue.

Administrator will review all residents record quarterly for accuracy and ensure compliance with the applicable regs.
AA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shelley R. Smith

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

Shelley R. Smith

Date

11/19/18

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

The above plan of correction is approved as of

12/24/18
(Date)

Plan of correction implementation status as of

12/24/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

AA
(Initials)

Violation Report: 14588 - 08/07/2018 - Freeman, Sabrina
PCH Name: MCCLOUD S PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
2600.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION
Resident 2's record did not include a photograph of the resident.

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

A photo has been taken and placed in the record for resident #2.
When new residents are admitted, the complete file will be reviewed by the manager 15 days after admission to ensure all required documents are in place.

Administrator will immediately review all residents record and quarterly thereafter to ensure compliance with the referenced reg: AA

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shelley R. Smith Admin* Date *11/19/18*

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

The above plan of correction is approved as of 12/24/18
(Date)

Plan of correction implementation status as of 12/24/18
(Date)

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

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