



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

Mr. Dennis W. Nebel, Psy.D.  
Executive Director  
Westfield Behavioral Health Affiliates, Inc.  
130 West North Street  
New Castle, Pennsylvania 16101

RE: Westfield  
5826 Old Pulaski Road  
New Wilmington, Pennsylvania 16142  
Certificate #: 474240

Dear Mr. Nebel:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 10, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: Westfield		License Number: 47424
Address: 5826 Old Pulaski Road, New Wilmington, PA 16142		County: Lawrence
Administrator: Kim Perrino		Region: WEST
Legal Entity Name: Westfield Behavioral Health Affiliates Inc.		
Legal Entity Address: 130 West North Street, New Castle, PA 16101		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-3 SP 12/13/1996 Depart. of L & I		DEC 26 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/10/2018: Garvey, Jody; Duncan, Amy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 ✓ Number of Residents Served: 8 ✓ Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: ✓ Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: <del>2</del> 8 Are 60 Years of Age or Older: 4 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
 PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 At 9:43 AM, the staff office at the end of the hallway leading to the laundry room was unlocked and the following resident information was unlocked, unattended and accessible:  
 \*Medication administration records (MARs) for all residents residing in the home to include residents #1, #2, #3 and #4.  
 \*Written physician's orders for all residents residing in the home to include residents #1, #2, #3 and #4.  
 \*Narcotic count sheets for all residents residing in the home resident information unlocked to include residents # 1 and #2.


**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.*

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) <b>JAWIE COCHRAN PCH Administrator</b>	Date <b>12/21/18</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/22/19</u> (Date)  The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>4/22/19</u> (Date)  <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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2600.17

**Corrective Action-** I held a staff meeting on 08/15/2018 with staff to address Westfield's exit interview. I told them they must keep the office door shut and locked at all times to ensure the residents privacy.

**Education-** I educated all staff on the importance of confidentiality of all residents.

**Monitoring-** All staff and administrators will ensure that the office door is locked at all times on a daily basis to ensure confidentiality of all residents at Westfield.



JAMIE CAHMAN PCH administrator 12/21/18

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Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round." However, the home does not have a copy of the influenza awareness poster posted in a public place.

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.

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMIE COCHRAN PCH Administrator Date 12/21/18

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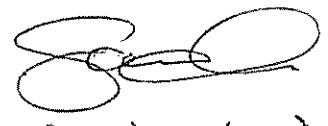
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2600.18

**Corrective Action-** The administrator failed to replace the Influenza Awareness Act poster in a public place. The administrator obtained a poster from the DHS website on 08/10/2018 and posted it on the bulletin board that is in a public area.

**Monitoring-** The administrator will make a yearly checklist of all required posting according to the Federal, State, and local law, ordinances and regulations.



SALLIE COCHRAN PCB administrator 12/21/18

Immediately, then at least weekly, the administrator or designated staff person shall check the bulletin board to ensure the Influenza Awareness Act poster is posted.



4/22/19

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

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1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 5/14/18, did not receive training in any topics specified in 2600.65a.

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

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMIE COCHRAN PCH ADMINISTRATOR Date 12/21/18

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(Date)

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

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(Date)

- Fully Implemented
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2600.65

**Corrective Action-** Staff person A received fire safety training on 08/15/2018 on the milestone website. Staff person A did receive Emergency preparedness training on 05/14/2018 under Explanation of all Homes Policies and Procedures.

**Monitoring-** The administrator will ensure that all newly hired staff receive fire safety training and emergency preparedness training prior to their first day of work at Westfield. The administrator will include all orientation trainings exactly as stated in 2600 regulations. Documentation of Fire safety training is included.



Jamie Cochran PCH Administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that 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 in accordance with 2600.65(a):

- (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.
- Any missing training shall immediately be completed. Documentation of all training shall be kept.

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Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 5/14/18, did not receive training in the emergency medical plan as specified in 2600.65b.

Staff person B, hired 12/11/17, did not receive training in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act as specified in 2600.65b.

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

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2600.64(b)

**Corrective Action-** Administrator did complete resident rights (05/15/2018), emergency medical plan (05/14/2018), mandatory reporting OAPSA (05/15/2018, and reportable incidents (05/14/2018) training during orientation and prior to the first day of work. However the administrator had emergency medical and reportable incidents under Explanation of all homes policies and procedures on the orientation sheet. The administrator will revise the orientation training documentation to list all criteria for training prior to the first day of work at Westfield. Staff person A's first day of work at Westfield was on 05/22/2018.

**Monitoring-** The administrator will have a checklist in place of all required trainings prior to the first day of work. This will be completed 12/21/2018

  
 Jamie Cochran PCH Administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that within 40 scheduled working hours, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers, have completed orientation training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Any missing training shall immediately be completed. Documentation of all training shall be kept.

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WEST REGION FIELD OFFICE  
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Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member C, hired 12/11/06, and direct care staff member D, hired 8/13/03, did not receive training in medication self-administration during the 1/1/17 - 12/31/17 training year.

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

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMIE COLTRAN PCH Administrator

Date 12/21/18

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2600.65(f)

**Corrective Action-** Staff persons C and D did have medication and self administration training on 02/09/2017; however the trainer failed to write self administration on the training documentation. In the future the administrator will ensure that all descriptions of trainings are included.

**Monitoring-** During each training, the administrator will check to be sure that the description of training is stated exactly how it is stated in the regulations. This will be done immediately.

  
JAMIE COCHRAN PCH Administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that during the January 1, 2018 to December 31, 2018 training year, all direct care staff received training in the following topics in accordance with 2600.65(f):

- (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.

Any missing training shall immediately be completed. Documentation of all training shall be kept.

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Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
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**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**

Direct care staff member C, hired 12/11/06, and direct care staff member D, hired 8/13/03, did not receive training in emergency preparedness procedures, recognition and response to crisis and emergency situations during the 1/1/17 - 12/31/17 training year.

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

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMIE COCHRAN PCH Administrator Date 12/21/18

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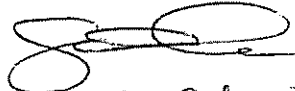
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Human Services Licensing

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2600.65(g)

**Corrective Action-** Administrator trained Staff persons C and D on 12/18/2018 on emergency preparedness procedures recognition and response to crisis and emergency situations. Documentation is included.

**Monitoring** – The administrator will now use a training chart to track all employee trainings. The charts will be checked on a monthly basis prior to the scheduled monthly trainings to ensure all staff is receiving all required trainings in accordance with DHS regulation.

  
JAMIE COCHRAN PAH Administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers received training in the following topics, in accordance with 2600.65(g) during the January 1, 2018 to December 31, 2018 training year:

- (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
- Any missing training shall immediately be completed. Documentation of all training shall be kept.

 4/22/19

Violation Report: 47424 - 08/10/2018 - Garvey, Jody PCH Name: Westfield	<b>WEST REGION FIELD OFFICE</b> Human Services Licensing
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**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**  
Staff member E, the home's assistant administrator, indicated that staff member A and staff member B completed training in smoking safety procedures, the home's smoking policy and location of smoking areas during their initial training. However, the home has no record of this training to include the staff person trained, date, source, content, length of course or copies of any certificates received.

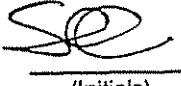
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jamie Cochran PCH Administrator</u>	Date <u>12/21/18</u>
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2600.65(i)

**Corrective Action** – Staff person A hired on 05/14/2018 and staff person B hired on 12/11/2017 did receive training in the homes smoking safety procedures, the homes smoking policy and location of smoking areas during their initial training. The administrator’s record of training does not include the exact criteria listed in the DHS regulations but states Explanation of all homes policies and procedures.

**Monitoring:** The administrator will revise the homes orientation sheet to list all the criteria exactly as it is outlined on in the PCH regulations. In the future the administrator will follow these same criteria for documentation that is used.

  
JAMIE COCHRAN PCH Administrator 12/21/18

Within 30 days, the administrator shall audit all staff records to ensure they contain documentation of all required staff training in accordance with 2600.65. Training documentation shall include: The staff person trained, date, source, content, length of each course and copies of any certificates.

 4/22/19

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
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1. REGULATION 55 Pa.Code §2600  
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

At 10:11 AM, there was no grab bar, hand rail or assist bar behind or next to the toilet in bathroom # 3. The temporary hand rail was sitting on top of the toilet and not attached to the wall.

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


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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Cochran PCH Administrator      Date 12/21/18

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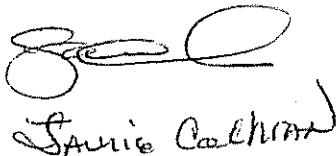
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2600.102

**Corrective Action:** Grab bars were installed by the maintenance Dept on 8/16/18.

**Education:** The administrator conducted training with the homes maintenance on the importance of having everything in the home in proper working order for the safety of the residents.

**Monitoring:** PCH Administrator will conduct weekly site inspections to make certain the home furnishings and fixtures are maintained and in working order in accordance with all DHS regulations.



Samie Cochran

PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:19 AM, there was no thermometer in the Frigidaire refrigerator/freezer in the basement of the home at the bottom of the staircase.

At 10:22 AM, there was no thermometer in the Frigidaire stand up freezer at the bottom of the staircase and farthest to the right side of the basement.

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.*

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)      Date

Jamie Cochran PCH Administrator

12/21/18

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The above plan of correction is approved as of 4/22/19  
(Date)

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(Initials)

Plan of correction implementation status as of 4/22/19  
(Date)

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

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2600.103 (f)

**Corrective Action:** At the time of the inspection, new thermometers were purchased and placed in the respective appliances.

**Education:** In a staff meeting on 8/15/18 PCH Administrator informed staff of the importance of checking to make sure thermometer is in plain view when putting food in and taking items out of the refrigerator and or freezers.

 4/22/19  
weekly

**Monitoring:** PCH Administrator shall conduct <sup>weekly</sup> monthly inspections to ensure that thermometers are in place in all refrigerators and freezers in accordance to DHS Regulation.

  
Jamie Cochran

PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

DEC 26 2018

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:31 AM, the following outdated foods were found in the main refrigerator in the kitchen of the home:  
\* 5 slices of hard salami with a best if used by dated of 6/4/18.  
\* A ¼ full 16-ounce container of Kraft Parmesan Cheese with an expiration date of 7/15/18  
\* An approximately 1/8 full 16-ounce container of Ken's Asian Sesame Dressing with an expiration date of 6/30/17.  
Two 32-ounce packages of Bongards Creameries Pasteurized Cheese were opened and undated in the main refrigerator in the kitchen of 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.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/25/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Samie Cochran PCH Administrator      Date 12/21/18

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Plan of correction implementation status as of 4/22/19 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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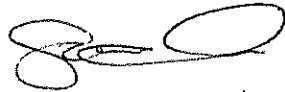
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2600.103 (i)

**Corrective Action:** At the time of inspection 8/10/18 all outdated food was removed from the refrigerator and disposed of.

**Education:** During the staff meeting on 08/15/2018 the administrator informed all staff that they are required to check the refrigerators weekly and dispose of any food that is outdated. They were also reminded of the importance of labeling and dating all foods and if there is a food found without a date they are to dispose of it immediately.

**Monitoring:** PCH Administrator will conduct weekly checks of refrigerators, freezers and storage cabinets to ensure outdated items are disposed of in accordance with DHS Regulations.



Jamie Cochran PCH administrator 12/21/18

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

At 9:30 AM, there was approximately ¼ of an inch of accumulated lint build up on the lint screen in the laundry room of 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.*

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JAMIE COCHRAN PCH Administrator	12/21/19

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- Not Implemented

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Human Services Licensing

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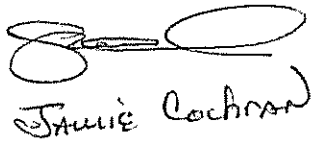
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2600.105(g)(1)

**Corrective Action:** At the time of inspection on 8/10/18 staff cleaned the lint tray.

**Education:** During the staff meeting held on 08/15/2018 the administrator educated the staff on the importance of cleaning out the lint on the lint vent in the dryer each time the dryer is used. They were informed that this is a fire hazard.

**Monitoring:** Staff and residents will clear lint tray after each use. PCH Administrator will weekly inspect the area and have maintenance staff maintain the laundry room to ensure proper ventilation and to reduce risk of fire hazards in accordance with DHS Regulations.



Jamie Cochran

PCH administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION  
The home currently serves 8 residents requiring a minimum of 24 gallons of drinking water for a 3-day emergency supply. However, there were only 10 gallons of emergency drinking water available on site. The home does not have a contractual agreement with a vendor to deliver water in an emergency.


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.

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Cochran PCH Administrator      Date 12/21/18

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The above plan of correction was approved by  (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

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WEST REGION FIELD OFFICE  
Human Services Licensing

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2600.107 (c)

**Corrective Action:** At the time of the inspection on 8/10/18 PCH Administrator purchased 24 gallons of water for emergency use.

**Monitoring:** Home has a contractual agreement with Culligan Water Co. A standing order for routine delivery of fifteen 5 gallon bottles of water every three weeks is currently in place. PCH Administrator will inspect weekly to ensure that at least 24 gallons of water is on site for emergencies at all times in accordance with DHS Regulations.

  
Jamie Cochran PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 8/10/18, a cat named Tiger was residing in the home; however, the home did not have a current rabies vaccination certificate for this cat.

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.


Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/25/2017

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Cochran PCH administrator      Date 12/21/18

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Plan of correction implementation status as of 4/22/19  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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2600.109 (b)

**Corrective Action:** At the time of the inspection staff person E was unable to locate the rabies vaccination record for Tiger. Tiger has a record of vaccination for rabies dated 9/11/17 that runs through 9/19/19. **See Attached**

**Monitoring:** PCH Administrator will be sure records for animals living in the home are kept in an area where the assistant administrator is able to locate them. This will also ensure that records are accessible during time of inspection.



JAMIE COCHRAN PCH administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall audit all pet files to ensure all cats and dogs present at the home have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.



4/22/19

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The date of the home's next scheduled fire drill was posted on the bulletin board in the staff office of the home. Staff interviews indicate fire drills are announced to staff well in advance.

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

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 Partially Implemented - Inadequate Progress  
 Not Implemented

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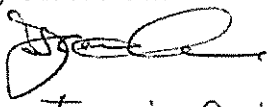
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Human Services Licensing

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2600.132 (a)

**Corrective Action:** Staff meeting occurred on 8/15/18 instructing staff on the importance of fire drills and the process that should be followed. At no time should there be a schedule of when a fire drill would occur be posted. Staff were informed that there would be unannounced fire drills at least 1x per month.

**Monitoring:** PCH Administrator will review Fire Drill Logs monthly to ensure that fire drills occur at least once monthly on day or afternoon shift and 1 fire drill to occur on the midnight shift every 6 months in accordance with DHS regulation.



Jamie Cochran PCH Administrator 12/27/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate AM or PM for the following fire drills:

Date	Time
6/29/18	12:45
2/19/18	4:00
1/9/18	3:30

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/25/2017
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Cochran PCH Admin. Staffer Date 12/21/18

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2600.132 (c)-

**Corrective Action:** A record of fire drills shall be maintained to indicate date, time and whether the drill occurred in the AM or PM hours.

**Education:** Staff meeting occurred on 8/15/18 at which time staff were educated on documenting the fire drills to include date, time in AM or PM hrs, duration of the drill, staff and residents participating, and any concern that occurred during the drill.

**Monitoring:** PCH Administrator will conduct unannounced fire drills to occur in accordance with DHS regulation. A record will be maintained to include dates of fire drills, time and duration of drill, <sup>exit route used,</sup> and the time and duration of the drill the number of residents and staff participating in the drill. The record will include any problems with evacuation or equipment.



JAMIE COCHRAN PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The homes' maximum designated evacuation time, determined by a fire safety expert on 10/27/16, was 2 minutes and 0 seconds. However, this time was exceeded on 10/22/17 at 5:50 AM in which the evacuation time was 3 minutes and 28 seconds.

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

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Pachman PCH Administrator Date 12/21/18

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(Date)

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- Not Implemented

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Human Services Licensing

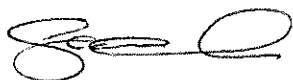
Page 17 of 27

2600.132 (d)

**Corrective Action:** PCH Administrator will work to ensure that fire drill evacuations fall within the 2 minute time frame established by the fire safety expert. The homes fire drill policy indicates that if a fire drill goes over the allotted time frame of 2 minutes the staff or administrator will conduct another fire drill within 24 hours of the faulty drill.

**Education:** Staff meeting occurred on 8/15/18 to educate staff on the time frame established by the fire safety expert to evacuate the home. In a community meeting on the same day residents of the home were told evacuations should not exceed 2 minutes. Staff and residents were also educated on the fire drill policy as well.

**Monitoring:** PCH Administrator will review fire drill log on a monthly basis to determine if the guidelines have been adhered to in accordance with DHS regulation.



JAMIE COCHRAN PCH ADMINISTRATOR 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

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  
On 8/10/18, the most recent fire drill conducted during sleeping hours was held on 10/22/17 at 5:50 AM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/25/2017

Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) JAMIE COCHRAN PCH Administrator      Date 12/21/18

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- Not Implemented

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2600.132(e)

**Corrective Action:** PCH Administrator shall ensure that there are 2 fire drills per yr on the midnight shift six months apart.

**Monitoring:** PCH Administrator will monitor fire drill logs on a monthly basis to ensure that 2 fire drills occur on the midnight shift six months apart and that they are documented in accordance with DHS regulation.



JAMIE COCHRAN PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody

PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the van that the home uses to transport residents did not include nonporous disposable gloves and adhesive tape.

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.*

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jamie Cochran PCH Administrator Date 12/21/18

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Human Services Licensing

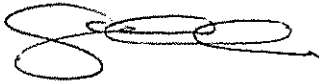
Page 19 of 27

2600.171 (b)

**Corrective Action:** At the time of inspection on 8/10/18 nonporous disposable gloves and adhesive tape were replaced.

**Education:** On 8/15/18 a staff meeting occurred. Staff was notified to alert PCH Administrator when items are used in the first aid kit so that the first aid kit can be re-stocked as needed.

**Monitoring:** PCH Administrator will monitor the first aid kit monthly and replace any contents missing in accordance with regulation 2600.96 (a).



Jackie Calhoun PCH administrator 12/21/18

Within 30 days of receipt of the plan of correction: The administrator shall develop policy and procedures to ensure any vehicle used to transport residents has a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.



4/22/19

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- (1) Vehicle registration.
- (2) Valid driver's license for each vehicle operator.
- (3) Vehicle insurance.
- (4) Current inspection.
- (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION

The home does not have a copy of current insurance information for the van used to transport residents.

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

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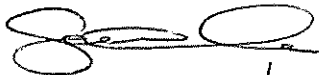
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Human Services Licensing

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2600.171 (c)

**Corrective Action:** See Attached. PCH Administrator secured a copy of the current insurance card and placed it in the vehicle used to transport residents.

**Monitoring:** PCH Administrator will monitor vehicle monthly to ensure that all vehicle registration and insurance documents are current and in the vehicle.



JAMIE COCHRAN PCH ADMINISTRATOR 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At 9:43 AM, 2 full bottles of resident #1's Brimonidine 0.2 % prescription eye drops were unlocked, unattended and accessible on the desk in the staff office of the home.

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

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

*[Signature]*  
JAMIE COCHRAN      PCH Administrator      12/21/18

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 Partially Implemented - Adequate Progress  
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 Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing


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2600.183 (b)

**Corrective Action:** PCH Administrator returned the Brimonidine 2% eye drops to the pharmacy on 08/13/2018 that was not being used. The pharmacies signed receipt for the return of the medication in enclosed.

**Education:** Staff was instructed in a staff meeting on 08/15/2018, that staff offices holding confidential information including medications, MAR and records must be locked at all times to ensure confidentiality of the residents. Medications are to be secured at all times. Unused medications will be disposed of per DHS and the PCH policy.

**Monitoring:** PCH Administrator will ensure that all medications are properly stored in an area that is secured at all times. Medication disposal will be in accordance to DHS regulation and the PCH policy. Administrator will due monthly audits of the medication, documentation of medications, and confidentiality of each resident's medications.

  
Jamie Cochran PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody

PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #5's prescription for Lantus Solostar 100 units/ml, was discontinued on 1/22/18; however, it was still present in the home and stored in the medication cart on 8/10/18.

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.

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) JAMIE COLMAN PCH Administrator Date 12/21/18

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The above plan of correction is approved as of 4/22/19  
(Date)

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

Plan of correction implementation status as of 4/22/19  
(Date)

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

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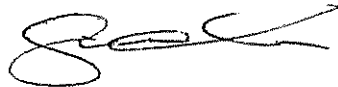
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2600.183. (d)

**Corrective Action:** PCH Administrator returned discontinued, Lantus Solostar 100 units/ml, to the Pharmacy on 08/13/2018 per PCH policy and in accordance with DHS regulation at which time the Pharmacy signed a statement indicating the receipt of the discontinued medications. See **Attached.**

**Education:** Staff was instructed in a staff meeting on 08/15/2018, that staff offices holding confidential information including medications, MAR and records must be locked at all times to ensure confidentiality of the residents. Medications are to be secured at all times. Unused medications will be disposed of per DHS and the PCH policy.

**Monitoring:** PCH Administrator will conduct regular med reviews to ensure only current medications are on the premises in accordance with DHS regulation 2600.183 (d). Administrator will due monthly audits of the medication, documentation of medications, and confidentiality of each resident's medications.



JAMIE COCHRAN

PCH Administrator 12/21/18

DEC 26 2018

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

At 1:36PM, resident #5's Humalog Kwikpen Insulin 100 unit/ml was open and in the medication cart and was not dated when opened.

**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.*

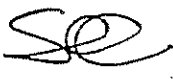
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Jacqui Cochran PO4 Administrator Date 12/21/18

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(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 4/22/19  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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2600.183 (e)

**Corrective Action:** Medication was discarded in accordance with DHS regulation and PCH policy on the day of inspection. The PCH Administrator opened a new bottle of Humalog Kwikpen Insulin 100 unit/ml for resident #5 wrote the current date on the pen and initialed it in accordance with DHS policy.

**Education:** Staff has been instructed to check current date and name on medication prior to administering. They have also been instructed to write any dates on medications that require them to do so. Any medication without proper labeling as outlined in DHS 2600.184 and PCH policy should be discarded.

**Monitoring:** PCH Administrator will conduct monthly med cart reviews to ensure all medications are stored and labeled accordance with DHS regulations 2600.183 and 2600.184 and PCH policy. Insulin will be stored in accordance to the manufactures instructions.

  
Janis Cochran PCH administration 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Resident #5 is prescribed Humalog Kwikpen Insulin 100unit/ml- inject 100 units into the skin 4 times daily before meals and nightly per sliding scale. However, the medication in the cart did not include the residents name or a pharmacy label.

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

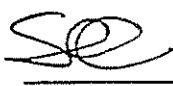
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

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>Jessica Cochran PCH Administrator</u>	Date <u>12/21/18</u>
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The above plan of correction is approved as of <u>4/22/19</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>4/22/19</u> (Date) <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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2600.184. (a)

**Corrective Action:** PCH Administrator has secured labels from the pharmacy for all medications that are in the cart as outlined in DHS regulation 2600.184 to include the pharmacy name.

**Education:** Staff has been instructed to check current date and name on medication prior to administering. Any medication without proper labeling as outlined in DHS 2600.184 and PCH policy should be discarded.

**Monitoring:** PCH Administrator will ensure that insulin is kept in original container to ensure that the medication is stored as outlined in accordance with DHS regulation 2600.184 (a).  
Monthly med cart audits will be conducted.

  
Jamie Cochran PCH Administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Humalog Kwikpen Insulin 100unit/ml- inject 100 units into the skin 4 times daily before meals and nightly per sliding scale. However, the resident's medication administration record (MAR) does not indicate the strength of the medication as prescribed as 100unit/ml.

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.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/25/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)



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


Jamie Cochran PCH Administrator

Date 12/21/18

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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2600.187 (a)

**Corrective Action:** See attached.

MAR has been updated. Resident has regular blood glucose checks and takes the amount of insulin prescribed (PRN) based on sliding scale.

**Education:** During the staff meeting on 08/15/2018 staff was informed they must follow MAR instruction while administering medications and if the instructions on the medication do match the MAR exactly the medication is not to be given. They were also informed that when one or both (label or instructions on MAR) are missing they are not to give the medication and are to call their immediate supervisor as instructed in the homes medication policy.

**Monitoring:** PCH Administrator will conduct <sup>weekly</sup>  4/22/19 montly MAR audits to ensure that resident records include all required information as outlined in DHS regulation 2600.187.



JAMIE COCHRAN PCH administrator 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody PCH Name: Westfield	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
Resident #5 was prescribed Lantus Solostar 100 units/ml (3ml) subcutaneous pen- inject 5 units into the skin nightly with dinner, which was discontinued on 1/22/18. However, on 8/10/2018, the medication was still present in the home. The medication was crossed out on the August 2018 medication administration record (MAR) and discontinued was written beside it. However; between 8/1/18 and 8/9/18, the staff of the home signed the MAR indicating the medication was administered.

**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.*

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>Stacie Carlson PCH Administrator</u>	Date <u>12/21/18</u>
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The above plan of correction is approved as of <u>4/22/19</u> (Date)  The above plan of correction was approved by <u>SE</u> (Initials)	Plan of correction implementation status as of <u>4/22/19</u> (Date)  <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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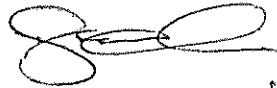
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2600.187 (d)

**Corrective Action:** Medication was returned to pharmacy. PCH Administrator obtained a signed receipt from pharmacy indicating receipt of this medication. **See attached.**

**Education:** In a staff meeting on 8/15/18 staff was educated on proper documentation on resident records and re-educated on the checks they are to be doing to conduct a proper and safe medication administration.

**Monitoring:** PCH Administrator will conduct MAR audits monthly to ensure that medications are administered as prescribed and that discontinued medications have been discarded.



JAMIE COCHRAN PCH ADMINISTRATOR 12/21/18

Violation Report: 47424 - 08/10/2018 - Garvey, Jody  
PCH Name: Westfield

WEST REGION FIELD OFFICE  
Human Services Licensing

**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**

Resident # 5's most recent assessment, dated 4/23/18, does not include the diagnoses of hypertension and obesity as indicated on the resident's most recent medical evaluation, dated 4/23/18.

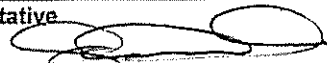
**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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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)

Jamie Cochran PCH Administrator

Date 12/21/18

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(Date)

Plan of correction implementation status as of 4/22/19  
(Date)

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

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

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Human Services Licensing

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2600.225 (c)

**Corrective Action:** Residents RASP was updated on 8/1/18 by the administrator.

**Monitoring:** PCH Administrator will update RASP at least annually and immediately when there is a significant change in the residents' health status, and or when resident receives new diagnoses. Administrator will conduct monthly checks of resident records to ensure all the information is updated and include on both the DME and RASP.



JAMIE COCHRAN PCH administrator 12/21/18