



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 3 0 2018

Tri M. Tran
Vice President, Treasurer and Secretary
Douglassville Aid II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Amity Place
139 Old Swede Road
Douglassville, Pennsylvania 19518
License #: 226560

Dear Provider:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2800

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home's letter from Fire Marshal [redacted] dated 5/21/18 determines that residents should be evacuated from the home within 8 minutes and has 4 fire safe areas. On 9/7/18, there were 75 residents present in the home. 32 of these residents have a mobility need and acquires assistance in an evacuation.

Of the residents that reside in the personal care home, there are the following:

- The home has 3 out of 4 wings were residents reside with mobility needs.
- 21 residents that require 1:1 physical assistance to transfer from their beds or chairs in order to evacuate in an emergency.
- 11 residents that require 2:1 physical assistance from staff to transfer from their beds or chairs and evacuate the home in an emergency.

On 9/4/18, 9/5/18 and 9/6/18 from 11:00pm-7:00am, there were 2 staff working in the home. Two staff cannot evacuate all residents safely based on the resident's mobility needs.

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.

Please see attached documentation.

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) John McGovern, Executive Director Date 11/6/18

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The above plan of correction is approved as of <u>11-21-18</u> (Date)	Plan of correction implementation status as of <u>11-21-18</u> (Date)
The above plan of correction was approved by <u>AG</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

2A

2600.60

- On 9/7/18 the administrator and CSM immediately reviewed the schedule to ensure that no less than 3 caregivers were on the 3rd shift.
- Effective 9/12/18 the CSM, ACSM and scheduler meet weekly to review the staffing schedule to ensure proper coverage.
- The Administrator is responsible for compliance. The CSM and/or designee will review the schedule weekly at a minimum x 12 weeks to ensure compliance. The reviews will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

AG

11-21-18

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.B5(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's glucometer contained dry blood on the device.

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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 (Required on EVERY Page) *John McGovern*

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2600.85(a)

- The glucometer for Resident #1 was immediately cleaned and sanitized.
- On 9/10/18 current resident glucometers were checked to ensure they were clean and sanitized.
- The CSM is responsible for sustained compliance. The ACSM and/or designee will audit current glucometers weekly at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

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*The Administrator will oversee to ensure ongoing compliance. 11-21-18 *AG*

Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification to the local fire department dated 7/30/18 did not include the total capacity of the home or the correct number of residents with mobility needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.124

- On 10/24/2018 the Executive Director wrote a new letter to our local Fire Chief, [REDACTED] [REDACTED] that meets the requirements of the regulation (capacity and a brief description of our residents mobility needs) and sent it certified mail (attached). YES Additionally, a professional diagram of our community was included (attached).
- Moving forward, the administrator, or designee, will be responsible for ongoing compliance by notifying the fire department of any changes to this letter.

11-21-18

AG

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2800

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 did not document the correct number of residents evacuated during the fire drills held on the following dates: 11/14/17, 12/13/17, 01/25/18, 02/20/18, 03/28/18, 04/24/18, 05/14/18, 06/21/18, 07/25/18, end 08/22/18.

The written fire drill record indicates:

- 69 residents in the home and 0 residents evacuated on 11/14/17
- 72 residents in the home and 29 residents evacuated on 12/13/17
- 64 residents in the home and 25 residents evacuated on 01/25/18
- 66 residents in the home and 23 residents evacuated on 02/20/18
- 73 residents in the home and 33 residents evacuated on 03/28/18
- 75 residents in the home and 14 residents evacuated on 04/24/18
- 73 residents in the home and 17 residents evacuated on 05/14/18
- 71 residents in the home and 27 residents evacuated on 06/21/18
- 71 residents in the home and 15 residents evacuated on 07/25/18
- 73 residents in the home and 28 residents evacuated on 08/22/18

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
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2600.132(c)

- Following our monthly fire drills on 9/27/18 and 10/30/18, the Maintenance Director completed the DHS fire record which reflects that all 73 residents participated in the drill (attached).
- Moving forward, the administrator, or designee, upon completion of the fire drill will review and initial the DHS record to ensure the record meets regulation #132. 11-21-18 *AG*

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the 100 wing door exit during monthly fire drills on: 03/28/18, 04/24/18, and 05/14/18.

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

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

Please see attached documentation.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/06/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

John McGovern

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

John McGovern, Executive Director

Date *11/6/18*

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 (Date)

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 (Initials)

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

2600.132(f)

- Following our monthly fire drills on 9/27/18 and 10/30/18, the Maintenance Director completed the DHS fire record which reflects that alternate exit routes were utilized (attached).
- Moving forward, the Maintenance Director is responsible for sustained compliance. The Administrator and/or designee will audit monthly fire records at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

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*The Administrator will oversee to ensure ongoing compliance. 11-21-18

AG

Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 2's medical evaluation dated 04/17/18 did not contain DOB, height, weight, pulse rate, temp, blood pressure, special health or dietary needs, immunizations history, health status, or cognitive functioning.

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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John McGovern

Printed Name and Title of Legal Entity Representative
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John McGovern, Executive Director

Date *11/6/18*

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 (Initials)

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 (Date)

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

7A

2600.141(a)(2)

- The missing items on Resident #2's medical evaluation were completed by the primary care physician on 9/12/18 (attached). YES
- The CSM is responsible for sustained compliance. The ACSM and/or designee will audit all new DMEs weekly at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18 *AG*

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Violation Report: 22656 - 09/07/2016 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's menus posted in the dinning room did not contain the followings weeks menu.

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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JA

2600.162(c)

- The administrator immediately posted the Weekly Menu for the following week.
- A photo taken on 10/25/18 reflects the glass cabinet display within our dining room that houses these menus (attached). YES
- Moving forward, the Administrator is responsible for sustained compliance. The Administrator and/or designee will audit current posted menus weekly at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18 AG

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A and B did not complete the initial medication administration test. Both test was not dated, or the medication administration observations were not completed. Staff person A and B routinely administers medications but is not properly trained to do so.

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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2600.182(b)

- Staff person A and B were immediately removed from administrating medications.
- Medication Administration Observations for staff person A and B will be completed by 11/16/18 (staff are PRN).
- CSM received DHS Trainer Certification (attached) and has audited the medication training records to ensure that medication technicians have a dated medication administration test. YES
- Moving forward, CSM, or designee, will conduct quarterly observations.
- The CSM is responsible for sustained compliance. The Administrator and/or designee will audit medication files for completed documentation of training within 3 days of completing training and prior to being scheduled to work. Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18 AG

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2800
 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

The Medical Administration Record for resident #3 did not list the current prescription for Meclizine. In resident's MAR it is listed as 12.5 mg tab, 1 tab orally three times daily as needed for dizziness. In med cart, two prescriptions were available including 12.5 mg tab and 25 mg tab.

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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2600.183(d)

- ACSM immediately confirmed the medication order for resident #3 and updated the MAR.
- The 25mg tablets were pulled from the cart and returned to the pharmacy on 9/7/18.
- Moving forward, weekly medication cart audits will be completed. This will officially begin the week of 11/12/18.
- Moving forward, the administrator will monitor and be responsible for ongoing compliance.
- The CSM is responsible for sustained compliance. The ACSM and/or designee will conduct weekly cart audits at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason

PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Medical Administration Record did not have updated doctor's order for resident #3 concerning 25 mg tab Meclizine.

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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2600.186(a)

- ACSM immediately confirmed the medication order for resident #3 and updated the MAR.
- The 25mg tablets were pulled from the cart and returned to the pharmacy on 9/7/18.
- A review of the residents prescriptions was completed to ensure that all current doctor's orders matched the MAR and the medications in the cart.
- Moving forward, the CSM is responsible for sustained compliance. The ACSM and/or designee will conduct weekly cart audits at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

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

The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:
 Resident #4- On 9/5/18 at 4:29pm the reading was 275 but was incorrectly transcribed as 147.

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.

Please see attached documentation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John McGovern, Executive Director* Date *11/6/18*

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

The above plan of correction is approved as of <u>11-21-18</u> (Date)	Plan of correction implementation status as of <u>11-21-18</u> (Date)
The above plan of correction was approved by <u>AG</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

2600.187(a)

- The resident, family and PCP were immediately notified.
- The administrator completed and submitted an incident report to DHS (attached). YES
- The LPN was counseled and is no longer an employee.
- Moving forward, the CSM is responsible for sustained compliance. The ACSM and/or designee will conduct weekly MAR audits at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee in order to ensure ongoing compliance. 11-21-18 *AG*

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

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

2a. DESCRIPTION OF VIOLATION

On 9/5/18 at 4:29pm, the blood glucose reading of resident #4 was 275. Per the prescribed sliding scale insulin parameters, the resident should have received 3 units of insulin but instead received no units of insulin due to staff incorrectly documenting the blood glucose level on the resident's MAR.

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.

Please see attached documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

John McGovern

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

John McGovern, Executive Director

Date *11/6/18*

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The above plan of correction is approved as of 11-21-18
 (Date)

Plan of correction implementation status as of 11-21-18
 (Date)

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

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

2600.187(d)

- The resident, family and PCP were immediately notified.
- The administrator completed and submitted an incident report to DHS (attached). YES
- The medication technician/LPN was counseled and is no longer an employee.
- Moving forward, the CSM is responsible for sustained compliance. The ACSM and/or designee will conduct weekly MAR audits at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18

AG

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Violation Report: 22856 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening in the record of resident #2 (dated 11/17/2016) did not indicate if the needs of the resident can be met by the services 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

Please see attached documentation.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *John McGovern*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John McGovern, Executive Director</i>	Date <i>11/6/18</i>
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2600.224(a)

- The preadmission screen for resident #2 cannot be corrected due to the date of admission.
- Moving forward, administrator is responsible for sustained compliance.
- The CSM and/or designee will review prior to admission.
- The CSM and/or designee will conduct weekly preadmission screening audits at a minimum x 12 weeks to ensure compliance. The audits will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18

AG

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Violation Report: 22656 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

- 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 Assessment Support Plan for resident #2 and resident #5 were incomplete. The Personal Care Need and Behavioral or Cognitive sections were left blank.

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

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

Please see attached documentation.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John McGovern, Executive Director* Date *11/6/18*

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2600.225(c)

- The CSM immediately updated both Resident #2 and #5's Resident Assessment Support Plan's to ensure that their Personal Care Need and Behavioral and Cognitive sections were completed (attached). YES
- The administrator reviewed regulation 225(c) with the CSM and ACSM on 9/10/18 indicating the standard expectation that each resident have a current Resident Assessment Support Plan at all times.
- The administrator will monitor and be responsible for ongoing compliance.

*The Administrator will oversee to ensure ongoing compliance. 11-21-18 *AG*

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Violation Report: 22556 - 09/07/2018 - Harvey, Jason
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment Support Plan for resident #5 dated 02/06/18 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.
 The Resident Assessment Support Plan for resident #6 dated 07/30/18 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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

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 (Required on EVERY Page) *John McGovern*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John McGovern, Executive Director</i>	Date <i>11/6/18</i>
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2600.227(g)

- The CSM immediately updated both Resident #2 and #5's Resident Assessment Support Plan's to ensure that their Personal Care Need and Behavioral and Cognitive sections were completed (attached). YES
- The administrator reviewed regulation 225(c) with the CSM and ACSM on 9/10/18 indicating the standard expectation that each resident have a current Resident Assessment Support Plan at all times.
- The administrator will monitor and be responsible for ongoing compliance.

11-21-18

ag

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