



June 10, 2019

Mr. Austin Virgo  
President  
Quality Assisted Care  
3411 North 17th Street  
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care  
License #: 193050

Dear Mr. Virgo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 26, 2018 and April 11, 2019 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 (relating to Personal Care Homes) must be maintained.

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

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

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 10305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 Pa.Code §2600  
 2600.3(o) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 09/26/2018 the home's current violation report was not posted in a conspicuous and public place in the home.

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

*Immediate Action*  
 The home current violation report as now been posted in a conspicuous & public place in the home.

To assure continuous compliance with this regulation upon receiving a violation report the administrator will immediately post it on the bulletin board.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Justin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JUSTIN VIRGO*      Date *11/2/18*

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

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|---|---|
| The above plan of correction is approved as of <u>5-20-19</u><br>(Date) | Plan of correction implementation status as of <u>5-20-19</u><br>(Date)   |
| The above plan of correction was approved by <u>SP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hio  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 Pa.Code §2600  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10226.101-10226.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
 A criminal background check was never completed for ancillary staff member A, who has worked in cleaning and maintenance on an on-call basis for about a year.

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

An ancillary staff person (A) did present a criminal background check upon hired, but could not be located at the time of D.H.S. inspection. However a more recent background check was completed.

To assure continue compliance, Administrator will make sure that staff records are kept in a secure manner by way of file cabinet and to make available upon D.H.S. request.

The administrator will ensure all new staff members have a criminal background check before their first day of work. It will be kept on file in the home for Department review.

SP-11/02/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AUSTIN VIRELO* Date *11/2/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hio  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2800.65(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  
 Ancillary staff person A, whose first day of work was about a year ago, did not receive any orientation training.

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

Ancillary staff person B now has received the required orientation training

To assure continue compliance with this Regulation in the future, the administrator will immediately ensure that newly hired staff received the required orientation training.

Prior to the first day of work, all new staff will receive orientation training. Documentation will be kept in the home for Department review. SP - 11-02-18

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

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANASTAS WIKER</i> | Date <i>11/2/18</i> |
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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

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  
 Ancillary staff person A did not receive training within 40 scheduled work hours in the following courses:  
 1. Resident rights  
 2. Emergency medical plan  
 3. Mandatory abuse and neglect under OAPSA  
 4. Reporting of reportable incidents and conditions

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.

*Immediate Action*

*ANCILLARY staff Person A is now received the required TRAINING in the following courses*

*To assure continue compliance with this regulation in the future Administration will immediately be sure that newly hire staff receive the required following course within 40 schedule work hours*

Within 40 scheduled working hours, new staff will receive orientation training. Administrator will ensure training and keep documentation for Department review. SP 11/02/18

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

|  |                     |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO</i> | Date <i>11/2/18</i> |
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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hio  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION  
 Ancillary staff person A did not receive a general orientation to his job functions.

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.

Ancillary Staff Person A's AB now receive and Review general orientation to his Job Functions

To Assure Continue Compliance with this Regulation IN THE FUTURE, Administration will immediately be sure that newly hired Ancillary staff receive a general orientation to their job title

The administrator will ensure ancillary staff persons have a general orientation specific to their job functions and keep the records for Department review. SP 11/02/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Virso* Date *11/2/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 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  
 The annual training provided to direct care staff person B in training year 2017 did not include instructions on meeting the needs of residents, care for residents with dementia, infection control, personal care services, safe management techniques, or care for residents with MHI.

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.

Direct Care Staff Person B Did Received the Required Annual Training in 2017. But Staff member did not sign Training Record in a timely manner. The Staff Training Record as now been sign.

To assure continued compliance, The Administrator will make sure upon the completion of training, The staff member will sign training record immediately.

Staff will continue to receive annual training and administrator will maintain records for Department review SP 11/02/18

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/07/2017 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Origo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Origo* Date *11/5/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hla  
 PGH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa. Code §2600  
 2600.95(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 crisis and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P.S. §§ 10225.101-10226.6102).  
 (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 persons B and C did not receive training in emergency preparedness procedures during training year 2017.

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

Direct Care Staff Person B and C as now received the required ANNUAL TRAINING in Emergency Preparedness and Procedures,

To assure continued compliance with this Regulation, the Administrator on a quarterly basis will review the Documented List of the required ANNUAL TRAINING.

Staff will continue to receive timely annual training and administrator will maintain records for Department review. SP 11/02/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Vixso*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Vixso*      Date *11/2/18*

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The above plan of correction is approved as of 5-20-19 (Date)

Plan of correction implementation status as of 5-20-19 (Date)

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

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

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
PCH Name: QUALITY ASSISTED CARE

1. REGULATION 65 Pa.Code §2600  
2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
There were swarms of flies observed in resident rooms, the dining room, and even the basement office.

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.

After Investigating the matter of flies we realized that one of the Resident was storing up food in his dresser drawer that went bad and was producing flies. The decompose food was remove. The Dresser drawers was clean and sanitize.

To assure continued compliance of this regulation staff member that's is on shift will check Resident Dresser drawers Daily.

Staff is instructed to clean rooms daily to ensure cleanliness throughout the home. A log will be created for housekeeping and available for Department review. SP 11/02/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Orsco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Orsco*      Date *11/02/18*

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Plan of correction implementation status as of 5-20-19 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1: REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The home's ceiling in the hallway of the first floor was covered with a yellowish substance. The door to the home's dining area had big brown stained circles, resulting from paint peeling off.

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

The Resident Allowed the bathroom face basin sink to overflow by stopping up the drain causing the 1st floor ceiling to get wet and discolored.  
 Repair 1st floor ceiling and repaint. Also sand and repaint door leading to the dining area.

To assure compliance staff on duty will monitor bathroom on a hourly basis. Also door leading to dining room will be checked daily for paint damage.

A log will be kept with a cleaning schedule and available for Department review.  
 SP 11/02/18

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/07/2017 |
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Signature of Legal Entity Representative (Required on EVERY Page) *Motiv Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Motiv Virgo* Date *11/12/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hio  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in the main office does not include a breathing shield.

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.

*Immed. Action*  
 The First Aid Kit in main office now includes a breathing shield.

To Assure continued compliance with this regulation To Administration will check First Aid Kit monthly

The administrator will check the first aid kit weekly to ensure all items are on hand.  
 SP 11/02/18

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| Repeat Violation; No | Date(s) of Previous Violation(s) |  |  |
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Wyco* Date *11/2/18*

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Violation Report: 19305 - 09/28/2018 - Chung, Youn Hie  
 PGH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.96(b) - Staff persons shall know the location of the first aid kit.

2a. DESCRIPTION OF VIOLATION  
 Ancillary staff person A did not know the location of the first aid kit.

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.

ANCILLARY STAFF PERSON (A) now as been reminded  
 OF the First Aid Kit Location.

To Assure continued compliance with this Regulation  
 Administrator will on a monthly basis with TEAM  
 and remind staff of the used, care and  
 Location of the First Aid Kit.

All current and future employees will be made aware of the location of all first aid kits in  
 the home. SP 11/02/18

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

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

Date 11/2/18

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Violation Report: 19306 - 09/28/2018 - Chung, Youn He  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 Pa.Code §2600  
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION  
 The 3rd floor rear bedroom has two residents but only one chair.

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.

Supply an additional chair in 3rd Floor Rear bedroom that was somehow removed by the Resident.

To continue compliance staff member ON Duty will check bedroom daily. To make sure chairs and required furnishings are still in resident bedroom.

The administrator will ensure every bedroom has enough chairs for all the residents. Residents will be made aware of regulation and asked not to remove chairs from bedrooms.

SP 11/02/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Urso* Date *11/2/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hlo  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2800  
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION  
 The bed for resident #1, and also one of the beds in the 2nd floor middle bedroom had no sheets.

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.

During the time of inspection soil linens were removed from Resident Bed #1 and also 2nd floor middle bed and since then as been replaced with clean linens.

To assure continued compliance staff member was re-instructed for removing and replacing soil linen immediately upon removal. Administrator will do follow up checking

The administrator will ensure every bed has pillows, bed linens, and blankets, The items will be clean and in good repair.

SP 11/02/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dustin King*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Vico*      Date: *11/0/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa. Code §2600  
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION  
 There is no mirror in the 3rd floor front bedroom.

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.

Mirror as now been replaced that was broken by resident.

To assure continued compliance with this regulation staff member will check bedroom daily.

Every bedroom currently has a mirror. The administrator will do daily bedroom checks to ensure mirror and other furniture are in good repair.

SP 11/02/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Orco* Date *11/2/18*

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|   |   |
|---|---|
| The above plan of correction is approved as of <u>5-20-19</u><br>(Date) | Plan of correction implementation status as of <u>5-20-19</u><br>(Date)   |
| The above plan of correction was approved by <u>SP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 65 Pa.Code §2600  
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION  
 The window covering in the 3rd floor rear bedroom was torn.

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.

Remove and Replace TORN window shade  
 IN 3rd Floor Rear bedroom

STAFF member on duty will check bedroom  
 Daily To Assure CONTINUE COMPLIANCE with  
 This Regulation.

Staff members informed to check bedrooms for cleanliness and compliance. Windows are to be clean and in good repair. Window coverings will not be torn and able to provide privacy. SP 11/02/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Austin Urso*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Austin Urso* Date *11/2/18*

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

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600 -  
 2600.102(a) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION  
 The 2nd floor bathroom does not have a door knob, preventing the residents from locking the door for privacy.

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.

Replace broken door knob on 2nd floor bathroom

To assure continue compliance with this Regulation staff member on duty will check bathroom daily.

Staff will be trained on resident's rights and privacy. All doors to be equipped with door knobs and locks.

SP 11/02/18

|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/07/2017 |
|-----------------------|-----------------------------------|------------|

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Austin Visco* Date *11/2/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

|   |   |
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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hio  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 56 Pa.Code §2600-2000.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 Two packages of eggo waffles wrapped in plastic without any dates or labels were in the kitchen refrigerator. A frozen package of mixed vegetables without any label or date was in the freezer in 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. *Immediate Action Taken*

The Two Package of Waffles in the Kitchen Refrigerator and the Frozen Package of mix vegetable in the basement freezer as since then been dated and labeled.

To Assure continued compliance with this Regulation the Administrator will check Refrigerator and freezer on a weekly basis.

All cabinets and pantries will be checked to ensure expired food is discarded. All leftovers will be labeled and dated. SP 11/02/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*      Date *11/2/18*

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

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| The above plan of correction was approved by <u>SP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input checked="" type="checkbox"/> Not Implemented |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 65 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  
 On 09/26/2018 at 02:30 PM, there was no thermometer in the freezer in 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.

Reposition Thermometer that fell down in the bottom of the basement freezer.

To Assure continue compliance  
 staff member and Administrator will check basement freezer on a daily basis

The administrator will ensure all refrigerators and freezers in the home have thermometers. Administrator will ensure temperatures are in compliance with regulations. SP/11/02/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

|   |                        |
|---|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page)<br><i>Austin Virgo</i> | Date<br><i>11/2/18</i> |
|---|------------------------|

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

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hla  
 PCH Name: QUALITY ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION  
 On 09/26/2018, at 12:30 PM, bunches of wilted greens were found in the home's refrigerator.

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.

**Immediate Action Taken**

IN Removing Wilted green from Home  
 Re Refrigerator.

To Assure continuous compliance staff member will monitor Refrigerator Daily to check for any food spoilage.

The administrator will make sure outdated and spoiled food is thrown away and not served to the residents.  
 SP 11/02/18

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

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>JUSTIN VIRGO</i> | Date <i>11/2/18</i> |
|---|---------------------|

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Violation Report: 19306 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 56 Pa.Code §2600  
 2600.103(j) - Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa.Code Chapter 46, Subchapter D (relating to equipment, utensils and linen).

2a. DESCRIPTION OF VIOLATION  
 Resident H1 was offered a glass of water with his noon medications. The glass was smudged all over with red stains, which appeared to be spaghetti sauce.

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.

**Immediate Action Taken**

The Glass of water that was offered to Resident Resident H1 since then as been wash inside & outside and then sanitize

To Assure continue compliance with this Regulation. Staff member was ReInstructed in how to properly wash & sanitized Cup, Glass Dishes & utensils. Administrator will also do follow up checking on a weekly basis

Kitchen staff to check for cleanliness of all eating, drinking, and cooking utensils before serving the residents. Dishes to be washed and sanitized daily. SP 11/02/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Austin Virgo* Date: *11/2/18*

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

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 Pa.Code §2600  
 2600.105(f)(2) - The resident's clean clothing shall be returned to the resident within 24 hours after laundering.

2a. DESCRIPTION OF VIOLATION  
 After interviews with staff and residents it was determined it takes two days for laundered clothing to be returned to residents.

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.

To Assure Compliance with this Regulation, STAFF as been instructed and TRAIN IN returning clothes to resident in a 24 hour timely manner, Administrator will also do follow up check.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Austin Dirgo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Austin Dirgo*      Date *4/2/18*

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Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

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  
 Supervised fire drill sheets indicate staff members are made aware of fire drills in advance. Fire drills are not unannounced.

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.

To Assure compliance with this Regulation,  
 In the future... Administrator will NOT make  
 AWARE TO STAFF member IN ADVANCE OF A  
 Supervise Fire Drill

The administrator will ensure fire drills are unannounced and unknown to residents and staff. Staff will not be made aware in advance of when a fire drill is going to be conducted. A fire drill log will continue to be kept. Fire drills will be held on all three shifts. SP 11/02/18

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

|  |                        |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Avelin Vico</i> | Date<br><i>11/2/18</i> |
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| The above plan of correction was approved by <u>SP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 66 Pa. Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 12/21/2017. The previous year's inspection and drill was completed on 12/05/2016.

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.

To Assure Compliance with this Regulation  
 IN FUTURE the Administrator will schedule  
 Fire Safety Inspection and Fire Drill observation  
 To be Done by a Fire Safety Expert in a  
 Timely MANNER.

An annual fire safety, fire drill will be conducted by a fire safety expert by 12-21-18. The administrator will schedule the drill. The administrator will ensure a fire safety expert conducts a fire safety drill annually from now on. SP 11/02/18

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

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Austin Virgo</i> | Date <i>11/2/18</i> |
|---|---------------------|

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

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| The above plan of correction was approved by <u>SP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2800.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION  
 On 09/26/2018, Tuna salad, lettuce, and tomato were listed on the menu for the lunch. A tuna sandwich without any lettuce or tomatoes was served. No alternative vegetables were offered and no notice was provided to the residents in advance of the meal.

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.

It was plan ahead to go shopping in the morning of 9/26/2018 to purchase the necessary food for the menu, but due to D.H.S inspection we were unable to.

To assure compliance with this regulation the administrator will make sure that the food for the menu will be made available at least four day ahead of time before it is due.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Austin Visco* Date *11/2/19*

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

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| The above plan of correction was approved by <u>SP</u> (Initials)    |   |

Violation Report: 19305 - 09/26/2018 - Chung, Youn Hie  
 PCH Name: QUALITY ASSISTED CARE

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

Resident #2 participated in the development of his support plan on 07/01/2018. The resident signed but did not date the support plan.

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

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

Immediate Action Taken

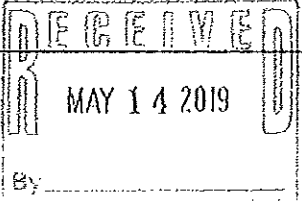
Resident #2 as now dated the Developed Support Plan

To Assure Continued Compliance with this Regulation  
 The Administrator will Review All Developed Support Plan for any oversight.

The administrator will ensure all residents sign and date the support plan. SP 11/02/18

|   |                                   |   |                   |
|---|-----------------------------------|---|-------------------|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |   |                   |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   |   |                   |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   |   | Date              |
| ANGIE VIXSO   |                                   |   | 11/5/18           |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>                 |                                   |   |                   |
| The above plan of correction is approved as of                                    | 5-20-19<br>(Date)                 | Plan of correction implementation status as of  | 5-20-19<br>(Date) |
| The above plan of correction was approved by                                      | SP<br>(Initials)                  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                   |

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

|   |  |   |
|---|--|---|
| PCH Name: QUALITY ASSISTED CARE   |  | License Number: 19305   |
| Address: 3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140   |  | County: Philadelphia  |
| Administrator: AUSTIN VIRGO   |  | Region: SOUTHEAST   |
| Legal Entity Name: QUALITY ASSISTED CARE INC  |  |   |
| Legal Entity Address: 3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140  |  |   |
| Certificate(s) of Occupancy<br>Other<br>02/08/2011<br>CITY OF PHILADELPHIA  |  |  |
| <b>Staffing Hours</b>   |  |   |
| Resident Support: 0   | Total Daily Staff: 15  | Waking Staff: 11  |
| Type of Inspection: Interim - POC   | BHA Docket Number:   | Notice: Unannounced   |
| <b>Reason(s) for Inspection(s)</b>  |  |   |
| Monitoring  |  |   |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>   |  |   |
| 04/11/2019: Thomas, Tahesia   |  |   |
| <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: 15<br>Number of Residents Served: 15<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 15<br>Are 60 Years of Age or Older: 7<br>Have Mental Illness: 15<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |   |

Violation Report: 19305 - 04/11/2019 - Thomas, Tahesia  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION  
 The home has two refrigerators. On 04/11/19, it was observed that the refrigerator on the right side has a sticky liquid substance on the racks and at the bottom of the refrigerator.

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

The Refrigerator Including the RACKS HAS BEEN CLEAN TO REMOVE ALL STICKY LIQUID SUBSTANCES TO ENSURE ONGOING COMPLIANCE THIS WILL BE ADDED TO OUR MAINTENANCE CHECK LIST. STAFF WAS ALSO TRAIN TO MONITOR REFRIGERATOR ON A DAILY BASE FOR CLEANLINESS. THE ADMINISTRATOR WILL ALSO MONITOR REFRIGERATOR FOR COMPLIANCE DAILY. EFFECTIVE IMMEDIATELY

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN VIRGO** Date **5/14/2019**

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

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| The above plan of correction is approved as of <u>5/17/19</u><br>(Date)     | Plan of correction implementation status as of <u>5/17/19</u><br>(Date)   |
| The above plan of correction was approved by <u><i>MJ</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 19305 - 04/11/2019 - Thomas, Tahesia  
 PCH Name: QUALITY ASSISTED CARE

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

On 04/11/19, it was observed that the home had waffles wrapped in plastic wrap without a date or a label. This food item was located in the refrigerator on the right side.

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

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

*Immediate Action Taken*  
 The WAFFLES since there has been DATED and LABEL.  
 To insure on going Compliance The STAFF ON Duty will  
 check the Refrigerator Daily To ENSURE ALL  
 Leftover food is DATED & LABEL. The  
 Administrator will also check behind STAFF  
 member For Compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Austin Virgo* Date *5/14/2019*

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

The above plan of correction is approved as of 5/17/19  
 (Date)

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

Plan of correction implementation status as of 5/17/19  
 (Date)

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

Violation Report: 19305 - 04/11/2019 - Thomas, Tahesia  
 PGH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 04/11/19, interview with the administrator, advised that the home did not have the food items (bologna and swedish mealballs) for today's lunch. The administrator advised that the food will need to be purchased today.

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.

Food Shopping was plan ahead for 4/11/2019 in AM  
 But Due To D.H.S Inspection we were  
 unable to.

To insure on going compliance with this  
 Regulation the Administrator will make sure  
 that the food for the menu will be made  
 available at least five day a head of time  
 before it is due.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *AUSTIN VIRGO* Date *5/14/2019*

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The above plan of correction is approved as of 5/17/19  
 (Date)

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

Plan of correction implementation status as of 5/17/19  
 (Date)

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

Violation Report: 19305 - 04/11/2019 - Thomas, Tahesia  
 PCH Name: QUALITY ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 04/11/19, french toast slick and turkey ham were listed on the menu for breakfast. Cold cereal was served instead. No notice was provided to the residents in advance of the meal.

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.

In the future a meal change to the menu will be posted in advance on the Bulletin Board. To ensure ongoing compliance all staff person who prepare food was retrain in making changes to the menu and food prep. The administrator will check for conformity daily. Effective immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

AUSTIN VIRGO

Date 5/14/2019

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The above plan of correction is approved as of 5/17/19  
 (Date)

Plan of correction implementation status as of 5/17/19  
 (Date)

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

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