



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

Ms. Linda E. Brandon
Administrator
Linda E. Brandon
PO Box 455
11293 Route 422
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home
Certificate #: 426710

Dear Ms. Brandon:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 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.

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		Licence Number: 42671
Address: P O BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		County: Armstrong
Administrator: LINDA BRANDON		Region: WEST
Legal Entity Name: LINDA E BRANDON		
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		
Certificate(s) of Occupancy C-3 SP 10/20/2017 L & I		FEB 24 2019 WEST-REGIONAL FIELD OFFICE Elderton Services Learning
Staffing Hours Resident Support: 0	Total Daily Staff: 8	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/10/2018: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 ✓ Number of Residents Served: 5 ✓ 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		Number of Residents who: Receive Supplemental Security Income: 2 ✓ Are 60 Years of Age or Older: 5 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 1 ✓ Have a Physical Disability: 0 ✓

FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current license/ig 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 10/10/18, the home did not have the current license issued by the Department posted 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.

Due to illness & death in the family, I did not get my certificate. It must have been sent back I will check to make sure this doesn't happen again.

The administrator posted the current license in the home. 4/1/19 *Ej*

Immediately: The administrator or designated staff person shall check the home monthly to ensure all required items in accordance with regulation 2600.3(c) are posted in the home. 4/1/19 *Ej*

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda Braddon</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Braddon - Administrator</i>	Date <i>2/23/19</i>

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u><i>Ej</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Ej</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoulls, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2900

2500.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The carbon monoxide detector was installed approximately 3 1/2 feet from the furnace 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.

The carbon monoxide detector has been moved approx 15 feet from the furnace.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/20/2017

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon* Date *2/23/19*

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(Date)

Plan of correction implementation status as of 4/1/19
(Date)

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

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

FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoulla, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 59 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 persons A did not receive training in the following required training topics during the 2017 training year (1/1/17 - 12-31-17) as follows:

- * Emergency preparedness procedures.
- * Resident rights.
- * Older Adult Protective Services.

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

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

Staff persons will be trained in Emergency preparedness procedures, residents right and Older Adult Protective Services. Will have documentation. I found Emergency Procedure Module for training dated 2/3/2018

Direct care staff person A completed all of the required training on 3/20/19 *Ej*

Immediately: The administrator shall review all staff training records to ensure all staff have completed the required training in accordance with regulation 2600.65(g) during the 2018 training year. 4/1/19 *Ej*

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Violation Report: 42671 - 10/10/2018 - Georgoullis, Karen
 PCH Name: FAMILY PINES PERSONAL CARE HOME

FEB 24 2019

1. REGULATION 65 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home has not developed staff training plans for the 2018 training year.

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

Staff training plans will be developed and placed in staffs folders

A staff training plan was developed. 4/1/19 *Eg*

Immediately: The administrator shall develop and implement the annual staff training plan prior to January 31 of each year. 4/1/19 *Eg*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Brandon

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

Linda Brandon

Date

Linda Brandon Administrator 2/23/19

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Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 68 Pa.Code §2600
2600.65(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At 9:00 a.m., the lid of the left side of the trash receptacle on the exterior of the home just beyond the parking area, was open approximately 1/4 of the way. There was a white plastic trash bag full of trash and a pizza box above the top of the trash receptacle preventing the lid from closing.

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.

Garbage had not been picked up. Garbage pick up is either Thursday, Friday or Monday. I (Linda Brandon) will make sure that the trash receptacle is closed completely.

Immediately: The administrator or designated staff person shall check trash stored outside of the home weekly to ensure all trash is kept in a coverer receptacle. 4/1/19 *Ej*

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

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(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon administrator* Date *2/23/19*
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Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

FEB 24 2019

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 approximately 11:00 a.m. there was no thermometer in the freezer section of the refrigerator/freezer in the kitchen. A thermometer was placed in the freezer. The freezer temperature measured 82 degrees Fahrenheit at 1:05 p.m. A recheck at 2:15 p.m. of the freezer temperature measured 80 degrees Fahrenheit.

The refrigerator section of the refrigerator/freezer measures 42 degrees Fahrenheit at 1:05 p.m.

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.

I have always had a thermometer in my freezer and refrigerator. I now have added an extra thermometer in the freezer and refrigerator they are checked, the freezer reads freezer safe zone and refrigerator safe zone on all 4 thermometers

Immediately The administrator or designated staff person shall check all refrigerators and freezers monthly to ensure each contains a thermometer and temperatures are in compliance with regulation 2600.103(f). 4/1/19

EJ

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date *2/23/19*

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(Initials)

FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoula, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 56 Pa. Code §2800
2500.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
On 10/10/18, the home serves 5 residents, requiring a minimum of 15 gallons of emergency drinking water. However, there were only 10 gallons of drinking on site. The home does not have a contractual agreement with a vendor to deliver drinking water in the event of 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.
there is a discrepancy. I checked, there was 20 gallons. I have purchased another bottle it gives me 35 gallons. I have 5 bottles of water purchased from Walmart.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator* Date *2/23/19*
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FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoula, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.126(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
At approximately 2:25 p.m., there were two metal clothes racks with resident clothing hanging on them. The one clothes rack was up against the front of the hot water tank and the other was up against the right side of the hot water tank in the laundry area of the basement.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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.
Clothes rack and clothes have been removed
Immediately: The administrator or designated staff person shall check all heat sources weekly to ensure combustible materials are not located near the heat sources. 4/1/19 *Ej*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon administrator* Date *2/23/19*
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FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
 PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2800
 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 fire drill log indicated the home conducted a fire drill on 10/3/18 at 7:00 a.m. There were 5 residents present and all 5 evacuated the home during the fire drill to the designated meeting place outside the home, "smoke shack". There is no fire safe area within the home. Resident interviews indicated they are to evacuate out the door closest to them to the designated meeting place. However, interviews indicated on 10/3/18, resident #1 and #2 only went to the living room door and waited. Interviews indicated resident #2 has not evacuated during previous fire drills only to wait at a designated exit door (usually in the living room) until the fire drill has been completed.

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.

Residents will go to the designated area. Residents will evacuate the building go outside and a staff member will take them the designated area next door to the BBQ place. It has a large porch where residents can get out of the elements

Immediately: The administrator shall monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to the outside of the building and to the designated safe area or to an fire-safe area designated in writing by a fire safety expert within the past year. 4/1/19 *Ej*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator* Date *2/23/19*

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FEB 24 2019

Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
Nine months elapsed between the sleeping hour drills held on 7/12/17 at 12:25 a.m. and 3/10/18 at 5:30 a.m. Eight months elapsed between the sleeping hour fire drills held on 3/10/18 at 5:30 a.m. and 10/3/18 at 7:00 a.m.

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.

Fire drills will be held every 6 months

The home conducted a sleeping hour fire drill on 4/1/19. 4/3/19 *g*

Immediately: The administrator shall monitor fire drills and the fire drill record monthly to ensure a sleeping hours fire drill is conducted at least every six months. 4/3/19 *g*

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/20/2017

Signature of Legal Entity Representative *Linda Brandon*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Linda Brandon administrator* Date *2/23/19*
(Required on EVERY Page)

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The above plan of correction is approved as of 4/3/19 (Date)
The above plan of correction was approved by *Eg* (Initials)
Plan of correction implementation status as of 4/3/19 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *g*
 Partially Implemented - Inadequate Progress
 Not Implemented

FEB 24 2019

Violation Report: 42871 - 10/10/2018 - Georgoulis, Karen
 PCH Name: FAMILY PINES PERSONAL CARE HOME

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

2. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation, completed on 1/31/18, did not include a temperature. The section was blank.

Resident #6's most recent medical evaluation, completed on 1/19/18, did not include the special health or dietary needs. The section was 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.

I will check medical evaluation to ensure doctors fill out properly.

Resident #1' and #6's medical evaluation forms were corrected. *Eg*

Immediately: The administrator or designated staff person shall review all current and newly completed medical evaluation forms for accuracy and completion. 4/1/19 *Eg*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date *2/23/19*

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Plan of correction implementation status as of 4/1/19 (Date).

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- Fully Implemented
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Violation Report: 42671 - 10/10/2018 - Georgoullis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 86 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 homes 2013 Ford Escape used to transport residents did not have a valid * registration or current insurance for the vehicle. The State Farm Insurance card expired on 10/1/18 and the PA Vehicle Registration card expired on 9/30/18.

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.

I did have a valid insurance card, I did not receive it yet. My insurance has not even been terminated. Car has been inspected. Over sight on inspection.

The registration and insurance documentation was obtained. 4/1/19 *Eg*

Immediately: The administrator shall check every six months to ensure any vehicle used to transport residents meets the requirements of regulation 2600.171(c). 4/1/19 *Eg*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda Brandon</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Brandon administrator</i>		Date <i>2/23/19</i>

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Violation Report: 42871 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.163(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/10/18 there were the following unlocked, accessible medications in 2 small drawers next to the refrigerator in the kitchen, to include:

- * Two- single dose packs of Alka Seltzer Plus Severe Sinus Congestion and Cough Formula caplets 325mg.
- * A single dose Benadryl Caplet.
- * A 1oz. tube of Neosporin unlabeled.
- * A single dose package of Zyrtec.
- * A 6floz. Delsyn Cough Syrup, ¼ full.

At approximately 1:25 p.m. there was an unlocked unattended and accessible unlabeled tube of Calmoseptine Ointment, in the drawer of resident #4's bedside table. Resident #4 is not assessed to be able to self-administer medications.

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

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

*all medications were removed.
Resident # 4 has to have help with
Calmoseptine @ 8AM & 8PM. name is
put on Calmoseptine and put in locked
area.*

Immediately: The administrator or designated staff person shall check the home daily to ensure all medications are kept in an area or container that is locked. 4/1/19 *Ej*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Brandon Administrator* Date *2/23/19*

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Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 At approximately 1:05 p.m., resident #5's insulin was stored in the labeled medication box on the door of the refrigerator section of the refrigerator/freezer, that is unlocked and accessible in the kitchen. The lock on the box has been broken for approximately two days and is being secured with a rubber band. There is no lock on 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.
resident # 5 insulin box has been replaced.
lock was broken.

Immediately: The administrator or designated staff person shall check the home daily to ensure all medications requiring refrigeration are kept in an area or container that is locked. 4/1/19 *Eg*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon Administrator* Date *2/23/19*

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u><i>Eg</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Eg</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
FCH Name: FAMILY PINES PERSONAL CARE HOME

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
On 10/10/18 there was a tube of Calmoseptine Ointment with only a directions label indicating apply to the affected area twice daily at 8:00 a.m. and 8:00 p.m. in resident #4's bedside table.

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.

Calmoseptine ointment have resident #4 name and time on it. It is placed in a lock area

Immediately: The administrator or designated staff person qualified to administer medications shall check all current medications to ensure compliance with regulation 2600.184(a). 4/1/19 *Eg*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
administrator*

Date

2/23/19

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

The above plan of correction is approved as of 4/1/19
(Date)

Plan of correction implementation status as of 4/1/19
(Date)

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

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

Violation Report: 42671 - 10/10/2018 - Georgoulis, Karen
FCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/10/18 at 1:42 p.m., resident # 5's glucometer was not calibrated to correct time. The glucometer indicated a time of 12:39 p.m.

Resident #5 is prescribed blood glucose readings one time a week (Mondays) in the a.m. (between 7:30 a.m. and 8:00 a.m.). The readings on the resident's glucometer did not coincide with the numbers transcribed on the resident's October 2018 Blood Sugar Weekly chart on the following dates:

Date	Time	Meter Reading	Blood Sugar Weekly Chart
10/1/18	7:09 p.m.	131	125
9/3/18	6:40 a.m.	134	133

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

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

Resident # 5 glucometer has been replaced. glucometer has been calibrated. Glucometer is being checked for date, time & resting

Immediately: The administrator or designated staff person qualified to administer medications shall check blood glucose readings from glucometers and the blood glucose reading record for accuracy and completeness. 4/1/19 *Eg*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date

2/23/19

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

The above plan of correction is approved as of 4/1/19
(Date)

Plan of correction implementation status as of 4/1/19
(Date)

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

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

Violation Report: 42671 - 10/10/2018 - Georgoulla, Karen
 PCH Name: FAMILY PINES PERSONAL CARE HOME

FEB 24 2019

1. REGULATION 55 Pa. Code §2600
 2600.262 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 All current resident photographs are in the resident's MARs. However, none of the photographs are dated, to include resident #1, #2, #4, #5 and #8.

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.

Residents will have photos taken and dated.

All resident records contain a current photograph. 4/1/19 *Eg*

Immediately: The administrator or designated staff person shall check annually to ensure all resident records contain a photograph of the resident that is no more than two years old. 4/1/19 *Eg*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon Administrator* Date *2/23/19*

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

This above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u><i>Eg</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Eg</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented