



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 11 2019

Mr. Gregory S. Gramm
Administrator
William Penn Health Care Associates, LP
2030 Ader Road
Jeannette, Pennsylvania 15644

RE: William Penn Care Center
1021 Walton Road
Jeannette, Pennsylvania 15644
License #: 444250

Dear Mr. Gramm:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 11, 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: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 On 10/11/18 at 12:45p.m., the resident privacy coding, to include the names of residents #2, #3, #4, #5 and #6, was attached to the license inspection summary, dated 10/19/17, and was unattended, unlocked and accessible on the clerk's desk at the home's main entrance.

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.

1) RESIDENT PRIVACY Coding document WAS REMOVED ON 10/11/18 FROM THE LICENSE INSPECTION SUMMARY.

2) ADMINISTRATOR WILL AUDIT SUMMARY BEFORE PLACING LICENSE INSPECTION SUMMARY AT FRONT DESK TO ENSURE THAT THE RESIDENT PRIVACY Coding Document HAS BEEN REMOVED.

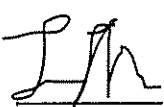
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gregory S. Gramm / Administrator Date 1/3/19

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

The above plan of correction is approved as of 2/12/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress IAN

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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

Direct care staff person B, hired 8/25/18, worked her 40th hour around 9/29/18; however, did not receive training on the following topics:

- * Resident rights
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- * 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.

1. Full audit of employee files will be conducted to identify any employee that has not completed the necessary orientation that includes the following within 40 hours of employment:
 - Resident Rights
 - Emergency Medical Plan
 - Mandatory Reporting of abuse and neglect under the Older Adult Protective Services Act
 - Reporting of reportable incidents and conditions
2. Any violation of training will be corrected with necessary/lacking education.
3. Future employees will be scheduled first 8 hours of orientation to receive the above mandatory education.
4. Date by which the above will be completed: 1/18/2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GREGORY S. GRAMM / ADMINISTRATOR</i>	Date <i>1/3/19</i>
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The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A completed only 5 hours of annual training during the 2017 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.

1. Full audit of direct care staff employee records will be conducted to identify any employee that is deficient in the mandatory 12 hours of annual training relating to their job duties.
2. Any employee deficient will be provided the necessary education to equate to the 12 hours of mandatory training to include the following subjects:
 - Medication self-administering training
 - Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 - Care for residents with dementia and cognitive impairments
 - Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
 - Personal care service needs of the resident
 - Safe management techniques
 - Care for residents with mental illness or mental retardation, or both, if the population is served in the home.
 - Monthly audits will be completed ongoing to ensure that 12 hours is obtained.
3. Date by which the above will be completed: 1/18/2019

Immediately: The home's training documents shall be reviewed during the home's quality management review to ensure all direct care staff persons have at least 12 hours of annual training during each established training year. *IM*

2/12/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2017 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GREGORY S. CRANWELL / ADMINISTRATOR* Date *1/3/19*

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 (Date)

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Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive annual training on the following topics during the 2017 training year:

- *Medication self-administration training
- *Safe management techniques.

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.

1. Full audit of direct care staff employee records will be conducted to identify any employee that is deficient in the mandatory 12 hours of annual training relating to their job duties.
2. Any employee deficient will be provided the necessary education to equate to the 12 hours of mandatory training to include the following subjects:
 - Medication self-administering training
 - Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 - Care for residents with dementia and cognitive impairments
 - Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
 - Personal care service needs of the resident
 - Safe management techniques
 - Care for residents with mental illness or mental retardation, or both, if the population is served in the home.
 - Monthly audits will be completed ongoing to ensure that 12 hours is obtained.

3. Date by which the above will be completed: 1/18/2019

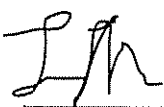
Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2017 et al
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gregory S. Graham / Administrator Date 1/5/19

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(Initials)

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(Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's documentation of 2017 annual training does not include the duration and full dates for all of the trainings provided during the 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.

1. An audit will be conducted on all employee files and form "William Penn Senior Suites & Personal Care Staff Training and Orientation" will be used to document all completed training.
2. Date by which above will be completed : 1/18/2019

to ensure all training documents contain all the items specified in 2600.65i.

LM

2/12/19

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GREGORY S. GANNON / Administrator* Date *1/3/19*

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Plan of correction implementation status as of 2/12/19
 (Date)

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

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- Partially Implemented - Adequate Progress *LM*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At 9:05 a.m., a 22 oz spray bottle of Spic and Span cleaner was unlocked and accessible under the sink of the bar area. The label reads call poison control or doctor if ingested. Not all residents of the home, including resident #1, are assessed safe around poisons.

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.

- 1) CLEANER WAS REMOVED FROM UNDER THE SINK OF THE BAR AREA ON 10/11/18
- 2) ALL STAFF (HOUSEKEEPING) WAS IN-SERVICED ON STORAGE OF POISONOUS MATERIALS ON 12/20/2018
- 3) HOUSEKEEPING WILL MONITOR DAILY TO ENSURE THAT NO CHEMICALS/POISONOUS MATERIALS ARE STORED UNDER SINK OF THE BAR AREA.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gregory S. Graham / Administrator</i>	Date <i>1/3/19</i>
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 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Both lids to the left dumpster were open, which was full of garbage.

The left lid to the right dumpster was open, which was approximately 1/3 full of garbage.

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 staff have been in serviced to keep the dumpster area free and clear of any litter and debris. They were also in serviced on keeping the dumpster lids closed at all times. The Dumpster area will be monitored by the housekeeping supervisor ^{at least daily} *IM* ^{2/12/19} to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GREGORY S. GOLDMAN* Date *1/3/19*

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

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 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44426 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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 fire doors leading from the foyer to the dining room do not close completely when released.
 The 4th floor double fire doors do not close completely when released.
 The left door of double fire doors in the basement do not close completely when released.

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.

Once identified during the inspection all of the fire doors in question were fixed immediately. A preventative maintenance work order has been created in our maintenance software for a monthly inspection to ensure all fire doors close and latch properly. A monthly audit will be conducted by the maintenance staff and it will be logged in the appropriate log book.

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) *GREGORY S. CEDARHILL ADMINISTRATOR* Date *1/3/19*

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The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:45 a.m., the water temperature at the 2nd floor common bathroom sink was 127.5 degrees Fahrenheit.
 At 11:02 a.m., the water temperature at the sink in bedroom #212 was 123.2 degrees Fahrenheit.
 At 11:08 a.m., the water temperature at the 3rd floor common bathroom sink was 127.5 degrees Fahrenheit.

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.

Once identified during the inspection, The maintenance staff adjusted the mixing valve to lower the water temperature. After the adjustment the water temperatures were in compliance. A preventative maintenance work order has been created in our computerized maintenance management system to test water temperatures weekly to ensure compliance.

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) *Gregory S. Graham / Administrator* Date *1/3/19*

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 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1's bedside lamp is inoperable. No other source of lighting which can be turned on/off from bedside is present.

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 in-service was conducted with all housekeeping and maintenance staff to ensure that all resident rooms have bedside lamps that are operable and in good working condition. A weekly audit will be completed by the housekeeping staff to ensure compliance.

A new bedside lamp was provided to resident #1. *LM* 2/12/19

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gregory S. Bradley / Administrator* Date *1/3/19*

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The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 At 10:10 a.m., the following unsealed food items were in the home's walk in freezer:
 *3 pies on a cookie sheet
 *1 opened bag of sirloin steaks in box
 *1 opened bag of sausage patties
 At 10:50 a.m. there was a 2 lb. bag of unsealed powdered donuts in the top cabinet above the stove in the 2nd floor activity room.

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.

1. In-service will be conducted with all dietary and activity staffs.
 In- service held December 27th, with staff. Staff signed in acknowledging that they were at in- service.
2. Checklist were hung on freezer/ cooler door.
3. The am cook will check the freezer/cooler daily in first half (6:30 am-10:30am) of the shift for uncovered food.
4. The pm cook will check the freezer/cooler daily in the second half(3:30pm-7:00pm) of the shift
 For uncovered food.
5. Appropriate action will be made, such as if food found open, the items will be disposed of.
6. Employee that was last to use or handle any of food found open and out of compliance will be addressed.
7. The checklist sheet will be used to comment on any actions taken or if all was found to be in compliance.
8. Checks will be made on both shifts for one month. December 26th 2018—January 26th 2019
9. Checks will be made on both shifts 3 times a week following the initial month. On alternating days... such as Monday, Wednesday, Friday then following Week Tuesday, Thursday, Saturday.
10. Food Service Manager will make weekly checks to confirm actions were completed.

Activities personal were given Zip Lock bags in order to store any food that they may have in activities department, such as cookies, crackers etc.


1. Activity Personal will be responsible to make sure that any food items in their possession are in zip lock bags, closed and that remain that way until use or disposal.
2. Activity Personal will be responsible to ask for additional storage containers if needed.
3. Food service Manager will monitor the activities department for proper storage of any food items.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Gregory S. Gramm / Administrator Date 1/3/19

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

The above plan of correction is approved as of <u>2/12/19</u> (Date)	Plan of correction implementation status as of <u>2/12/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Lh</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 An approximate 1/4" accumulation of lint was present in the lint trap of the industrial dryer, located 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.

An Inservice was completed with the housekeeping and laundry staff to educate that the lint traps need to be cleaned after every load of laundry. The Housekeeping director will assure compliance during his daily walk throughs of the laundry department.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The fire evacuation diagram located on the 2nd floor South zone identifies the 2nd floor South zone as a fire-safe area; however, the only fire-safe area on the 2nd floor is located in the North zone.

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.

This evacuation diagram was replaced immediately during the inspection. All evacuation plans will be checked monthly. They will be reviewed after the monthly fire drill.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gregory S. [Title]* Date *1/3/19*

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Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

At 10:30 a.m. a propane tank was unlocked and accessible to resident's under the west wing stairwell.

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 inspection the propane tank was immediately removed and stored properly. The maintenance manager will ensure that all combustible equipment is returned to the proper storage area after each use.

Staff education regarding the storage of combustible materials was conducted on 12/20/18.

IM

2/12/19

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gregory S. Crawford Administrator* Date *1/3/19*

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

The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 65 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill records from 9/1/17 through 9/30/18 also include the count of residents who participated in the fire drills from the home's independent living side, so it is unable to be determined if all the personal care residents participated.

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.

Independant residents evacuate the facility independantly with no assistance from facility staff. Independant residents will not be counted in the total list of participating residents in the monthly fire drill.

Immediately: A designated staff person shall review the home's monthly fire drill records monthly to ensure all personal care home residents are indicated.

I/n 2/12/19

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction was approved by I/n
 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress I/n
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 65 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

A fire drill was held during sleeping hours on 6/30/17 at 6 a.m.; however, the next fire drill during sleeping hours was not held until 3/24/18 at 6:30 a.m., which exceeds 6 months.

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

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

A sleeping hours fire drill will be conducted quarterly to ensure compliance. A preventative maintenance work order was created to conduct a drill once every three months during the overnight hours. Fire drills will be logged in the appropriate log books.

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) *Gregory S. Gordon / Administrator* Date *1/3/19*

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

The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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

2a. DESCRIPTION OF VIOLATION


Resident #7's most recent medical evaluation was completed on 7/16/18; however, the resident's previous medical evaluation was completed on 6/22/17.

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.

1. Audit to be completed on every resident to verify that annual medical evaluation was completed within the last 12 months.
2. Audit completed monthly ongoing to ensure that all residents are notified one month prior to need of annual medical evaluation.
3. Inservice to nursing staff regarding Regulation 55 Pa.Code 2600.141 (b)(1) for medical evaluation at least annually.
4. Date of Compliance: 1/18/2019


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) <i>Catherine S. Gledhill, Administrator</i>	Date <i>1/3/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Nitroglycerin 0.4mg-Give 1 tablet sublingually every 5 minutes for 3 doses; however, the pharmacy label indicates Nitroglycerin 0.4mg-Give 1 tablet sublingually.

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.

Immediately: An accurate pharmacy label shall be obtained for resident #7's Nitroglycerin. *JH*

2/12/19

- 1. Audit of med carts will be completed monthly for 3 months to ensure that prescription medications are labeled as per Regulation 55 Pa. Code 2600.184.
- 2. Inservice will be provided to all medication passers regarding the labeling of prescription medication containers.
- 3. Audits will be ongoing monthly by Diamond Pharmacy to ensure that prescription medication are labeled per regulations.
- 4. Date of Compliance: 1/18/2019

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>Gregory S. Gorman / Administrator</i>	Date <i>1/3/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/12/19</u> (Date) The above plan of correction was approved by <i>JH</i> (Initials)	Plan of correction implementation status as of <u>2/12/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Humulin 70/30-Inject units subcutaneously twice per day in accordance with the following sliding scale:
 0-150=0 unit
 151 to 200=2 units
 201 to 250= 4 units
 251-300= 6 units
 301 to 350= 8 units
 >350 call MD
 On 10/1/18 at 5:19 a.m., the resident's blood sugar reading was 145, however, the blood sugar reading is not indicated on the resident's October 2018 medication administration record (MAR).

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


- Include*
Immed:
1. An audit will be conducted of the MAR to ensure that all orders are accurate and followed as prescribed. *pleted*
 including resident #7's *IM* 2/12/19
 2. An audit will be conducted of the tray line/service to ensure that all residents are being served ordered diets.
 3. A Medication Pass Observation will be completed by the Regional Wellness Director for each Medication Tech/Nurse and deficiencies will be corrected as necessary.
 4. Inservice to be provided to all Medication Techs/Nurses to review the Physician Orders Policy and the Preventing Medication Errors Policy.
 5. Date of Compliance: 1/18/2019

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>Gregory S. Leonard / Administrator</i>	Date <i>1/3/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lorazepam 0.5mg-Take 1 tablet by mouth daily; however the staff person who administered the medication on 10/5/18 at 2 p.m. did not initial the MAR.

Resident #7 is prescribed 26 units of Humulin 70/30-Inject subcutaneously daily; however, the staff person who administered the medication on 10/2/18 at 6 a.m. did not initial the MAR.

Resident #8 is prescribed Nystatin 100,000 powder-Apply daily to abdominal fold and underneath breast daily for rash; however the staff person who administered the medication on 10/4/18 at 8 p.m. did not initial the MAR.

Resident #8 is prescribed Hydrocortisone 1% cream-Apply to back daily for a week; however the staff person who administered the medication on 10/4/18 at 8 p.m. did not initial the 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.

1. An audit will be conducted of the MAR to ensure that all orders are accurate and followed as prescribed.
2. An audit will be conducted of the tray line/service to ensure that all residents are being served ordered diets.
3. A Medication Pass Observation will be completed by the Regional Wellness Director for each Medication Tech/Nurse and deficiencies will be corrected as necessary.
4. Inservice to be provided to all Medication Techs/Nurses to review the Physician Orders Policy and the Preventing Medication Errors Policy.
5. Date of Compliance: 1/18/2019

Immediately: A designated staff person shall review all resident MAR's weekly for 1 month then monthly thereafter to ensure the staff person(s) who administered the medications to the residents have initialed the resident MAR's.

JM 2/12/19

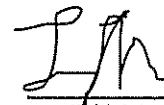
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Gregory S. Graham / Administrator	Date 1/3/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Humulin 70/30-Inject units subcutaneously twice per day in accordance with the following sliding scale:
 0-150=0 unit
 151 to 200=2 units
 201 to 250= 4 units
 251-300= 6 units
 301 to 350= 8 units
 >350 call MD
 On 10/11/18 at 6:33am, the resident blood sugar reading was 202, however the resident only received 2 units of insulin.

Resident #8 is prescribed a mechanical soft diet; however, on 10/11/18 the resident was fed grilled cheese and sweet potato fries for lunch.

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.

1. An audit will be conducted of the MAR to ensure that all orders are accurate and followed as prescribed.
2. An audit will be conducted of the tray line/service to ensure that all residents are being served ordered diets.
3. A Medication Pass Observation will be completed by the Regional Wellness Director for each Medication Tech/Nurse and deficiencies will be corrected as necessary.
4. Inservice to be provided to all Medication Techs/Nurses to review the Physician Orders Policy and the Preventing Medication Errors Policy.
5. Date of Compliance: 1/18/2019

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carey S. Gorman / Administrator* Date *1/3/19*

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

The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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

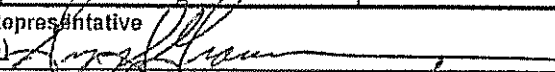
Resident #7's preadmission screening form is undated, so it is unable to be determined when it was completed. Also, the preadmission screening form does not indicate if the home can meet the resident's needs. This section of the form is blank.

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.

1. All preadmission paperwork will be audited for completion by the Wellness Director prior to resident move in date.
2. A determination will be made within 30 days prior to admission and documented on the preadmission form that the needs of the resident can be met by the services provided by the home. This determination will be marked on the preadmission form and audited by the Wellness Director.
3. Inservice will be provided to all staff performing preadmission screenings regarding the preadmission paperwork.
4. Date of Compliance: 1/18/2019

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2017 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Gregory S. Graham / Administrator</u>	Date <u>1/3/19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

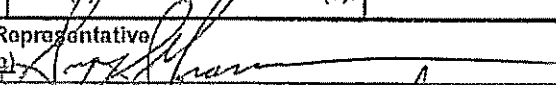
Resident #1's medical evaluation, dated 2/15/18, indicates the resident is totally immobile; however, the resident's assessment, dated 2/23/18, indicates the resident is minimally mobile.

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.

1. All resident records will be audited for completion of the resident's assessment and support plan including mobility.
2. The resident will be assessed for mobility needs as part of the resident's assessment.
3. Inservice provided to clinical staff regarding the completion of the resident support plan and inclusion of an assessment of the resident's mobility will documented as part of said assessment.
4. Date of Completion: 1/18/2019

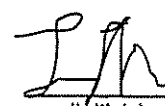
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Gregory S. Gorman / Administrator</u>	Date <u>1/3/19</u>
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Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44425 - 10/11/2018 - Rosor, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 receives hospice services; however, the resident's most recent support plan, dated 2/23/18, does not indicate what care needs hospice is providing to the resident or the frequency of 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.

1. All resident records will be audited for completion of the resident's support plan.
2. The resident's most recent support plan will reflect the coordination of any additional services provided to resident.
3. Inservice provided to clinical staff regarding the completion of the resident support plan and documentation therein of any coordination of services.
4. Date of Completion: 1/18/2019

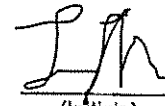
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Gregory S. Gorman / Administrator</u>	Date <u>1/3/19</u>
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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/12/19
 (Date)

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

Violation Report: 44426 - 10/11/2018 - Roser, Ashley
 PCH Name: WILLIAM PENN CARE CENTER

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 #7's support plan, dated 7/16/18, is not signed by the assessor.

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.

1. All resident records will be audited for completion of the resident's support plan including the signature or the
2. Inservice provided to clinical staff regarding the completion of the resident support plan. assessor. *JR*
3. Date of Completion: 1/18/2019

2/12/19

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>Gregory S. Glavin / Administrator</i>	Date <i>1/3/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/12/19
 (Date)

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

Plan of correction implementation status as of 2/12/19
 (Date)

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