



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: JUN 20 2019**

Mr. Matthew Coleman  
Vice President  
North Wales 1091 PCH BG OPCO, LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Park Creek Place – Personal Care  
1091 Horsham Road  
North Wales, Pennsylvania 19454  
License #: 142571

Dear Mr. Coleman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 25, 2018 and interim inspection on March 12, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 142570 dated July 11, 2018 to July 11, 2019 is REVOKED. Additionally, your license dated July 11, 2019 to July 11, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The licenses dated July 11, 2018 to July 11, 2019 and July 11, 2019 to July 11, 2020 are NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All citations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Mr. Coleman

3

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to NORTH WALES 1091 PCH BG OPCO LLC  
LEGAL ENTITY

To operate PARK CREEK PLACE - PERSONAL CARE  
NAME OF FACILITY OR AGENCY

Located at 1091 HORSHAM ROAD, NORTH WALES, PA 19454  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 72  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 20, 2019 until December 20, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142571**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Violation Report: 14257 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident 1 was not signed by the resident.  
 The contract for resident 2 was not signed by the resident.

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 contracts for Resident 1 and Resident 2 were signed on 12/17/18 by the resident. The ED/designee will be responsible for sustained compliance. The ED/designee will audit new move in records within 3 days of move in to ensure contracts are signed by the resident. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

All audits to be maintained for Department review -PA 5/31/19

The home will develop an admission checklist to ensure that all admission paperwork is signed by the resident.  
 Staff responsible for completing admission paperwork will be trained in the use of the checklist and the requirements for admission paperwork within 30 days receipt of the approved plan of correction.

*PA 5/31/19*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/13/2017
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Gardner</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Gardner</i>	Date <i>12/28/18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/31/19</u> (Date)	Plan of correction implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14257 - 10/25/2018 - Swisher, Michela  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.41(a) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 rights and complaint procedures were reviewed and signed with Resident 1 and Resident 2 (part of the contract) on 12/17/18 and a copy has been given to Resident 1 and Resident 2. A statement was signed by Resident 1 and Resident 2 acknowledging receipt of the resident rights and complaint procedures. The ED/designee will be responsible for sustained compliance. The ED/designee will audit new move in records within 3 days of move in to ensure contracts are signed by the resident. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive monthly results.

The home will develop an admission checklist to ensure that all admission paperwork is signed by the resident.

Staff responsible for completing admission paperwork will be trained in the use of the checklist and the requirements for admission paperwork within 30 days receipt of the approved plan of correction

*PA 5/31/19*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Gardner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennifer Gardner</i>	<i>12/28/18</i>

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The above plan of correction is approved as of 5/31/19  
(Date)

Plan of correction implementation status as of 5/31/19  
(Date)

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

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

Violation Report: 14267 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 A criminal history check for staff person A, who was hired on 6/21/18, was not completed until 5/28/18.

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.

The criminal history check for staff person A cannot be corrected. The ED/designee will be responsible for sustained compliance. The ED/designee will audit new hire records prior to the start of their employment to ensure a criminal history check has been completed. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

All staff responsible for criminal background checks will be trained within 30 days receipt of the approved plan of correction. All trainings and audits to be maintained for Department review.

The cessation/continuation of audits to be based upon documented audit results.

RA  
 5/31/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/13/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner* Date *12/28/18*

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Violation Report: 14247 - 10/25/2018 Swisher, Michela  
 PCN Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident 2, dated 5/16/2018, does not include a list of medications. The document states "see orders" but there are no orders or additional documents attached.

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 medical evaluation for Resident 2 now includes a copy of the medication list as of 10/26/18. The CSM completed an audit of current resident medical evaluations on 12/3/18 to ensure medications lists were included. The CSM/designee is responsible for sustained compliance. The ED and/or Designee will audit 5 current resident records per week for 4 weeks. Then audit 3 current resident records per week for 4 weeks. Then audit 1 current resident record per week for 4 weeks to ensure medication lists are present. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review -PA 5/31/19

The cessation/continuation of audits to be based upon documented audit results.

RA 5/31/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/13/2017	
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Violation Report: 14257 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2800  
 2600.141(b)(1): A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident 3 had an initial medical evaluation completed on 3/17/17. The residents next medical evaluation was not completed until 4/12/2018.

Resident 4 had an annual medical evaluation completed on 8/3/17. The residents next medical evaluation was not completed until 9/25/2018.

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 annual medical evaluation for Resident 3 and Resident 4 could not be corrected. The CSM completed an audit of current resident records on 12/3/18 to ensure the annual medical evaluations were completed timely. The CSM is responsible for sustained compliance. The ED and/or Designee will audit 5 current resident records per week for 4 weeks. Then audit 3 current resident records per week for 4 weeks. Then audit 1 current resident record per week for 4 weeks to ensure timely completion of medical evaluations. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review -PA 5/31/19

The cessation/continuation of audits to be based upon documented audit results.

PA 5/31/19

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative: *Jennifer Gardner*  
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Printed Name and Title of Legal Entity Representative: *Jennifer Gardner* Date: *12/28/18*  
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Violation Report: 14257 - 10/25/2018 - Swishin, Michele  
 PCN Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 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  
 Resident 1's medication Ondansetron HCL 4 mg prescribed as take 1 tab every 4 hours as needed, was not available on medication cart on 10/25/18.

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.

Resident 1 Ondansetron was ordered from the pharmacy and available on 10/26/18. Resident 3 Meclizine label was changed on 10/26/18 pharmacy sent a new label to read the correct time. Cart audits will be completed by the CSM/Designee on 5 residents daily for 30 days, then weekly for 2 months. The CSM will be responsible for sustained compliance. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review -PA 5/31/19

The cessation/continuation of audits to be based upon documented audit results.

5/31/19  
 P.A.

Repeat Violation: <b>No</b>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Gardner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Gardner	12/28/18

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Violation Report: H257 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

2600.107(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed Cinacalcet 30mg take 1 tablet by mouth once daily for Hypercalcemia. This medication was not administered to resident on 10/3/18, 10/5/18, 10/8/18 and 10/7/18.

Resident 3 is prescribed Warfarin Sodium 4mg give 1.5 tablets (6mg) by mouth on Mondays and Fridays. This medication was not administered on Friday 10/19/18 or Monday 10/22/18.

Resident 4 is prescribed Digoxin Take one tablet once a day on Mondays, Wednesdays, and Fridays only. Digoxin was administered to resident on Saturday 9/1/18 and Sunday 9/2/18.

Resident 5 is prescribed Cymbalta 40mg take one capsule once a day. This medication was not administered to resident on 9/10/18, 9/11/18 and 9/12/18.

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.*

The CSM has given an in-service on 12/17/18 to the nurses and medication technicians to report any medication error/omission/refusal immediately to the CSM. The CSM/Designee will then contact the appropriate parties. Medication Record audits will be completed by the CSM/Designee on 5 residents daily for 30 days, then weekly for 2 months. The CSM will be responsible for sustained compliance. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Training to be maintained for Department review. - PA 5/31/19

The cessation/continuation of audits to be based upon documented audit results.

5/31/19  
PA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner* Date *12/28/18*

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Plan of correction implementation status as of 5/31/19 (Date)

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

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

Violation Report: 14257 - 10/25/2018 - Swisher, Michela  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Resident 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.  
 Resident 2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 rights "right to refuse medication if the resident believes that there may be a medication error" was reviewed and signed with Resident 1 and Resident 2 (part of the contract) on 12/17/18 and a copy has been given to Resident 1 and Resident 2. A statement was signed by Resident 1 and Resident 2 acknowledging receipt of the resident rights including "right to refuse medication if the resident believes that there may be a medication error". The ED/designee will be responsible for sustained compliance. The ED/designee will audit new move in records within 3 days of move in to ensure contracts are signed by the resident. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review - PA 5/31/19

The home will develop an admission checklist to ensure that all admission paperwork is signed by the resident.  
 Staff responsible for completing admission paperwork will be trained in the use of the checklist and the requirements for admission paperwork within 30 days receipt of the approved plan of correction

The cessation/continuation of audits to be based upon documented audit results.

5/31/19  
 P.A.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/13/2017	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jennifer Gardner		12/28/18

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Violation Report: 14257 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 66 Pa.Code §2000  
 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  
 There is no preadmission screening form for resident G, admitted 2/19/2018.

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 preadmission screening for Resident G cannot be corrected. The ED/designee will be responsible for sustained compliance. The ED/designee will audit new move in records within 3 days of move in to ensure preadmission screens are completed on residents prior to admission and placed in the chart. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review - PA 5/31/19

The cessation/continuation of audits to be based upon documented audit results. *5/31/19*  
*PA*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Gardner</i>		
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Violation Report: 14267 - 10/26/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
 2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 The initial assessment for resident 7, admitted 03/19/18, was completed on 03/19/18.

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.

The Initial assessment for Resident 7 cannot be corrected. The Nursing Department has completed an assessment on the RASP form for Resident 7 on 12/17/18. The CSM/designee will be responsible for sustained compliance. The CSM/designee will audit new move in records within 15 days of move in to ensure initial assessments are completed and filed in the resident's chart. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review - PA 5/31/19

Staff responsible for completing the RASP will be trained within 30 days receipt of the approved plan of correction. All resident assessments and support plans will be reviewed and update within 60 days receipt of the approved plan of correction. Training to be maintained for Department review.

The cessation/continuation of audits to be based upon documented audit results. P.A 5/31/19.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner* Date *12/28/18*

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Violation Report: 14257 - 10/25/2018 - Swisher, Michele  
 PGH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600:227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

For residents 1,2,3,6, and 7, the home is not using a support plan that has been developed on the Department's support plan form. The home is using a document called an Assessment and Negotiated Service Plan Summary or NSP. Their NSP document lists the individualized needs of the resident but does not clearly address the supports to be implemented to meet the needs, or how often the support is to be implemented or who is responsible for implementing the support.

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 CSM has completed support plans on the RASP form on Residents 1,2,3,6 and 7 on 12/17/18. The CSM/designee will be responsible for sustained compliance. The CSM/designee will audit new move in records within 30 days of move in to ensure support plans are completed, signed and filed in the resident's chart. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review - PA 5/31/19

Staff responsible for completing the RASP will be trained within 30 days receipt of the approved plan of correction. All resident assessments and support plans will be reviewed and update within 60 days receipt of the approved plan of correction. Training to be maintained for Department review.

The cessation/continuation of audits to be based upon documented audit results. 5/31/19, P.A.

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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Gardner* Date *12/28/18*

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

The above plan of correction is approved as of 5/31/19 (Date)

Plan of correction implementation status as of 5/31/19 (Date)

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

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

Violation Report: 14257 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL 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  
 Support plans for residents 1, 2, 4, 6, and 7 are not signed by anyone who participated in the development of 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.

The support plan for Resident 4 cannot be completed. (Resident 4 passed away outside facility). The CSM has completed support plans on the RASP form for Residents 1,2,3,6 and 7 on 12/17/18 which have been signed by the resident and participants in the support plan. The CSM/designee will be responsible for sustained compliance. The CSM/designee will audit new move in records within 30 days of move in to ensure support plans are completed, signed, and filed in the resident's chart. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Staff responsible for completing the RASP will be trained within 30 days receipt of the approved plan of correction. All resident assessments and support plans will be reviewed and update within 60 days receipt of the approved plan of correction. Training to be maintained for Department review.

The cessation/continuation of audits to be based upon documented audit results. 5/31/19 P.A.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Gardner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer Gardner	12/28/18

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

The above plan of correction is approved as of <u>5/31/19</u> (Date)	Plan of correction implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14267 - 10/25/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
 Resident 1, 2, 4, 6, and 7 did not sign their support plans. The home did not make a notation regarding the resident's inability or refusal to sign.

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 support plan for Resident 4 cannot be completed. (Resident 4 passed away outside facility). The CSM has completed support plans on the RASP form for Residents 1,2,3,6 and 7 on 12/17/18 which have been signed by the resident and participants in the support plan. The CSM/designee will be responsible for sustained compliance. The CSM/designee will audit new move in records within 30 days of move in to ensure support plans are completed, signed, and filed in the resident's chart. Audit results will be discussed in monthly QI meetings for 3 months. The QI Committee will determine if continued auditing is necessary based on 3 consecutive month's results.

Audits to be maintained for Department review - PA 5/31/19

Staff responsible for completing the RASP will be trained within 30 days receipt of the approved plan of correction. All resident assessments and support plans will be reviewed and update within 60 days receipt of the approved plan of correction. Training to be maintained for Department review.

The cessation/continuation of audits to be based upon documented audit results. P.A. 5/31/19

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Gardner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennifer Gardner</i>	<i>12/28/18</i>

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

The above plan of correction is approved as of <u>5/31/19</u> (Date)	Plan of correction implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 14257 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 was not signed by the administrator or administrator's designee.  
 The contract for resident #2 was not signed by the resident, the administrator or administrator's designee.  
 The contract for resident #3 was not signed by the resident, the administrator or administrator's designee.

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 contracts will be signed with current date.

2600.25(b)

Resident #1 is no longer residing at the facility

Resident #2's contract will be signed by the resident and the administrator or administrator designee 2A

Resident #3's contract will be signed by the resident and the administrator or administrator designee 2B

Interim Administrator was trained on regarding the requirement for the contract to be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

The new Administrator will be trained on this requirement post-hire.

The Administrator is responsible for compliance. The Administrator and/or designee will audit new resident contracts within 3 days of move in for required signatures to ensure compliance, x 3 months. 2C

Monitoring will be ongoing. 2D

The new administrator will be trained within 30 days of hire. P.A. 6/7/19

Audits to be maintained for Department review.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	3/13/17	
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Signature of Legal Entity Representative (Required on EVERY Page) *Joe Detanico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joe Detanico	Date 5/31/19
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/7/19</u> (Date)	Plan of correction implementation status as of <u>6/7/19</u> (Date)
The above plan of correction was approved by <u>P.A.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2019 - Swisher, Michael  
 PGH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 65 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 Staff person A, who was hired on 2/4/19, has not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment, and did not have a federal criminal history check completed by the Federal Bureau of Investigation.  
 Staff person B, who was hired on 5/30/2018 did not have a criminal history check completed until 0/28/19

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.

Page 3 of 13

2600.51

2600.51

Staff Person A: background check was completed on 1/28/2019

Staff Person B's criminal history check completed on 6/28/18 cannot be corrected for hire date 5/30/18.

The Business Office Manager was trained regarding the requirement criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act.

The new Administrator will be trained on this requirement post-hire.

The Business Office Manager is responsible for sustained compliance. The Administrator and/or designee will audit new hire employee file prior to start date to ensure criminal history checks are completed and employees meet residency requirements x 3 months.

Monitoring will be ongoing.

Audits to be maintained for Department review. All staff criminal background checks to be audited within 60 days receipt of approved POC. -PA 5/31/19

The new administrator will be trained within 30 days of hire. PA 6/7/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Joe Detenir</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Joe Detenir	5/31/19

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

The above plan of correction is approved as of <u>5/31/19</u> (Date)	Plan of correction Implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.  
 Direct care staff person C does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 Person A is no longer an employee 4/11/19 P.A.  
 Staff Person C: The employee has been terminated.

The Business Office Manager was educated regarding the requirement for Direct Care Staff qualifications.

The new Administrator will be trained on this requirement post-hire. 4 B  
 The new administrator will be trained within 30 days of hire.

The Business Office Manager is responsible for sustained compliance. The Administrator and/or designee will audit new hire employee file prior to start date to ensure potential employee meets the qualifications for a direct care staff person x 3 months.

Monitoring will be ongoing.

The Business Office Manager will be trained on requirements for direct care staff qualifications and waivers within 30 days receipt of the approved plan of correction. Staff person C does not have the required qualifications. 6/7/19 P.A.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joe Detzner* Date *5/31/19*

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

The above plan of correction is approved as of <u>6/7/19</u> (Date)	Plan of correction implementation status as of <u>6/7/19</u> (Date)
The above plan of correction was approved by <u>P.A.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D, hired on 02/04/2019, does not have documentation that they have successfully completed a Department-approved direct care training course and passing of the competency test.

The Interim Administrator was educated regarding the requirement that Direct Care Staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the required training.

Staff person will receive the required training within 30 days receipt of approved POC.-PA 5/31/19

The new Administrator will be trained on this requirement post-hire. SA

The Business Office Manager is responsible for sustained compliance. The Administrator and/or designee will audit new hire employee file prior to scheduling employee to work unsupervised to ensure employee meets the training requirements for a direct care staff person x 3 months.

The new administrator will be trained within 30 days of hire. 6/7/19 P.A.

Monitoring will be ongoing.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joe Detzner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date *5/31/19*  
*Joe Detzner*

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

The above plan of correction is approved as of <u>4/17/19</u> (Date)	Plan of correction implementation status as of <u>4/17/19</u> (Date)
The above plan of correction was approved by <u>P.A.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2019 - Swisher, Michela  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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 E received only 8.25 hours of annual training in training year January 2018 to December 2018.

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.

Annual training for Staff Person E for 2018 cannot be corrected.

Staff person E has completed annual training hours to date. **6A 122**

The Business Office Manager was educated regarding the requirement that Direct Care Staff receive at least 12 hours of annual training related to their job duties,

The new Administrator will be trained on this requirement post-hire.

The new administrator will be trained within 30 days of hire. **1 P.A 6/17/19**

The Business Office Manager is responsible for sustained compliance. The Administrator and/or designee will audit current employee files to ensure employees are receiving annual training hours to date, x 3 months.

Monitoring will be ongoing.

Staff Person E will receive the missing training for 2018 in 30 days.-PA 5/31/19

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) <b>Joe Detzner</b>	Date <b>5/31/19</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of **4/2/19**  
 (Date)

Plan of correction implementation status as of **4/2/19**  
 (Date)

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

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

Violation Report: 14257 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person E did not receive training in the following topics during training year January 2018 to December 2018:

Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 Resident rights.  
 The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).

**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 training for Staff Person E cannot be corrected for 2018. Staff to receive missing training within 30 days-  
 The Business Office Manager was trained on this requirement. PA 5/31/19

The new Administrator will be trained on this requirement post-hire.  
 The new administrator will be trained within 30 days of hire. 6/17/19, P.A.  
 The Business Office Manager is responsible for sustained compliance.

The Administrator and/or designee will schedule and conduct annual training in Fire Safety, Emergency Preparedness, Resident Rights and The Older Adult Protective Services Act for current employees to ensure compliance for 2019. TA, B, C  
 D, E, F, G

Monitoring will be ongoing.

All training to be maintained for Department review. - PA 5/31/19

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joe Detzner* Date *5/31/19*

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

The above plan of correction is approved as of 6/17/19 (Date) Plan of correction implementation status as of 6/17/19 (Date)

The above plan of correction was approved by P.A. (Initials)

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

Violation Report: 14267 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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

Resident 4 is prescribed Triamcinolone Acetonide 0.1% cream, apply to rash twice a day to upper arms and back as needed for fungal infection and Anti-Diarrheal 2mg Caps, take one cap by mouth four times a day as needed for diarrhea. These medications were not present on the medication cart on 3/12/19 and therefore not available for resident use.

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 medications for resident #4 were ordered and are available for resident use.

An In-Service was conducted by the Administrator on 4/15/2019 for current Med Techs and licensed Nurses on the importance of cart audits and checks to ensure prescribed medication is available on the carts. *8A*

The New Care Services Manager will be educated on the requirement for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons post-hire.

The new Care Service manager will be trained within 30 days of hire. *2/7/19 P.A.*

The Care Services Manager is responsible for sustained compliance. The Administrator and/or designee will discuss audits to ensure medications ordered are available on the medication cart x 3 months. Monitoring will be ongoing. *8B 1,2*

All training to be maintained for Department review.-PA 5/31/19

Audits to be maintained for Department review. *6/7/19. PA*

Repeat Violation: <i>NO</i>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Joe Derzner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Joe Derzner</i>	Date	<i>5/31/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/7/19</i> (Date)	Plan of correction implementation status as of <i>6/7/19</i> (Date)
The above plan of correction was approved by <i>P.A.</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14267 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION  
 Resident 5 is prescribed Vitamin D3 2000 units, take one by mouth daily. This medication was not administered at 8:00am on 3/9/19.

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 Vitamin D3 2000 units prescribed for Resident #5 was found to be a documentation error.

Current med-techs and licensed Nurses were educated on proper medication administration and documentation to ensure prescribed medication is administered by the Administrator Medication that is not administered for any reason, will be reported to the resident's prescriber and documented appropriately. 9A

The new Care Services Manager will be educated on the requirement for following the directions of the prescriber post-hire.

The Care Services Manager is responsible for sustained compliance.  
 The Administrator and/or designee will audit the MAR at random, weekly x 3 months to ensure compliance.  
 Monitoring will be ongoing. 9B, 2

MAR audits to be maintained for Department review -  
 All staff training to be available for Department review. - PA 5/31/19 @ 17/19

Repeat Violation: <u>NO</u>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Joe Detzner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<u>Joe Detzner</u>	Date	<u>5/31/19</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/7/19</u> (Date)	Plan of correction implementation status as of <u>6/7/19</u> (Date)
The above plan of correction was approved by <u>P.A</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14267 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident 5 is prescribed Vitamin D3 2000 units, take one by mouth daily. This medication was not administered at 8:00am on 3/9/19. There is no documentation that the resident's prescriber was notified of the missed dose.

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 Vitamin D3 2000 units prescribed for Resident #5 was found to be a documentation error.

Current med-techs and licensed Nurses were educated on proper medication administration and documentation to ensure prescribed medication is administered by the Administrator. Medication that is not administered for any reason, will be reported to the resident's prescriber and documented appropriately. 10 - A

The new Care Services Manager will be educated on the requirement for following the directions of the prescriber post-hire.

The Care Services Manager is responsible for sustained compliance.  
 The Administrator and/or designee will audit the MAR at random, weekly x 3 months to ensure compliance.  
 Monitoring will be ongoing.

Audits to be maintained for Department review -  
 All staff training to be available for Department review.-PA 5/31/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joe Detzner</i>	Date <i>5/31/19</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>5/31/19</u> (Date)  The above plan of correction was approved by <u>PR</u> (Initials)	Plan of correction implementation status as of <u>5/31/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 14257 - 03/12/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 The initial assessment for resident #3, admitted 12/28/2018, was completed on 1/21/2019.  
 The home is not using the Department's Resident Assessment Support Plan (RASP) for assessments. The home uses a document called Assessment and Regulated Service Plan or NSP. This document does not include all of the mandatory information that is found on the Department's RASP's. The initial assessments for resident 1, dated 12/11/18, for resident 3 dated 1/21/19, and resident 6 dated 2/21/19 are missing required information.  
 The information that is missing for the residents NSP documents is as follows for all residents:  
 The form is missing the resident's admission date.  
 The form is missing any formal or informal support information that is available to the resident.  
 The form does not assess the resident's degree or level of identified personal care need.  
 The assessed needs do not include a description of service that is required to meet the residents needs.  
 The form does not assess the resident's degree or level of supervision needed.  
 The form does not identify name and title of the assessor.

Current Nurses will be educated on the use of the Department's Resident Assessment Support Plan for assessments, as well as on the requirement that the support plan must identify the individuals responsible to address the resident's needs. All resident records to be audited and updated within 60 days receipt of approved POC.-PA 5/31/19  
 The New Care Services Manager will be educated post-hire regarding the requirement for a written initial assessment that is documented on the Department's assessment form within 15 days of admission.  
 The Care Services Manager and/or designee is responsible for the sustained compliance.  
 The Administrator and/or designee will audit Resident records within 15 days of move-in to ensure compliance with support plans times 3 months.  
 Audits to be maintained for Department review -PA 5/31/19  
 Monitoring will be ongoing.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joe Detweiler*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Joe Detweiler Date 5/31/19

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

The above plan of correction is approved as of <u>5/31/19</u> (Date).	Plan of correction implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2010 - Swisher, Michele PCH Name: PARK CREEK PLACE PERSONAL CARE	
<b>1. REGULATION 65 Pa.Code §2800</b> 2800.227(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.	
<b>2a. DESCRIPTION OF VIOLATION</b> The home is not using the Department's Resident Assessment Support Plan (RASP) for development of the support plans. The home uses a document called Assessment and Negotiated Service Plan or NSP. This document does not include all of the mandatory information that is found on the Department's RASP's. The NSP for resident 1, dated 12/11/18, indicates the resident has trouble recalling the day, date, time, or location and has a notation that the resident has "OTHER" diagnosis. The NSP does not list a description of the other diagnosis, it does not list a description of the support / services to be implemented to meet the needs, it does not identify the frequency of services, nor does it identify the responsible party that is to provide the support.  The NSP for resident 3, dated 1/21/19, indicates the resident is independent but needs reminders for bathing and showering; is unable to use the bathroom independently but requires reminders for using the bathroom, that the resident uses incontinence products and requires reminders to change the incontinence products; and as having trouble recalling the day, date, time, or location with a notation that resident is forgetful at times. The NSP does not list a description of the support/service to be implemented to meet the needs, it does not identify the frequency of services, nor does it identify the responsible party that is to provide the support.  The NSP for resident 6, dated 2/21/19, indicates that the resident is unable to use the bathroom independently and requires assistance from staff to use the bathroom, is unable to dress and groom independently and requires assistance from staff while dressing; is having trouble recalling the day, date, time, or location that resident has forgetfulness. The NSP does not list description of the support/service to be implemented to meet the needs and does not identify the frequency of the services.	
Current staff were educated on the use. Training to be maintained for Department review. - PA 5/31/19 Resident #1 is no longer residing at the community. Resident #3's RASP was updated to include the missing information. Resident #6 is no longer residing at the community The new Care Service manager will be trained within 30 days of hire. <i>6/13/19, PA</i> Current Nurses will be educated on the use of the Department's Resident Assessment Support Plan for assessments, as well as on the requirement that the support plan must identify the individuals responsible to address the resident's needs.  The New Care Services Manager will be educated post-hire regarding the requirement for a written Initial assessment that is documented on the Department's assessment form within 15 days of admission. The Care Services Manager and/or designee is responsible for the sustained compliance. The Administrator and/or designee will audit Resident records within 15 days of move-in to ensure compliance with support plans times 3 months. All resident RASP to be audited and updated within 60 days - PA 5/31/19	
Repeat Violation: <i>NO</i>	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joe Detzner</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joe Detzner</i>	Date <i>5/31/19</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/31/19</u> (Date)	Plan of correction implementation status as of <u>5/31/19</u> (Date)
The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14257 - 03/12/2019 - Swisher, Micholo PCH Name: PARK CREEK PLACE PERSONAL 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 1 participated in the development of their support plan on 12/11/2018. The resident or any other participant in the development of the support plan, did not sign the support plan.  Resident 3 participated in the development of their support plan on 1/21/19. The resident did not sign the support plan.	
J. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Resident's #1 is no longer residing at the community.</p> <p>Resident #3's support plan from January 21<sup>st</sup> 2019, cannot be corrected.                  Support plan can be updated with the date the signing occurred. -PA 5/31/19                  The new Care Services Manager will be educated post-hire regarding the requirements for Individuals who participate in the development of the support plan shall sign and date the support plan.                  Monitoring will be ongoing.</p> <p>Per Care Service Manager, Resident #3 no longer resides in the community. -PA 5/31/19                  All residents support plans will be updated within 60 days. -PA 5/31/19                  The new Care Service manager will be trained within 30 days of hire. <i>6/17/19 @</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/13/2017
Signature of Legal Entity Representative (Required on EVERY Page) <i>Joe DeZure</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joe DeZure</i>	
Date <i>5/31/19</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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The above plan of correction was approved by <u>PA</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented